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SHORT TITLE: A Virtual Reality-Based Simulation of Abdominal Surgery

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TECHNICAL REPORT SUMMARY

Virtual Reality is a marriage between three dimensional computer graphics and complex dynamical simulation to produce a fully immersive, interactive environment. Users can move and interact in this environment as if they were actually a part of it. Medicine and surgery in particular have been identified as some of the most promising applications of this technology. Virtual reality systems can be used to teach surgical anatomy, diagnose surgical problems, plan operations, simulate and perform surgical procedures (telesurgery), and predict the outcomes of surgery. New Leaf Systems has developed a highly interactive simulation of open cholecystectomy in a fully immersive virtual reality.

Technical Problem

The goal of the project was to provide, on a rapid prototype basis, a working model of virtual abdominal surgery. The gall bladder has been selected as an appropriate organ for modeling both because of the high number of gall bladder procedures performed, and because of suitability of the relevant anatomy to the technology. The open rather than laparoscopic procedure was modeled for several reasons: Other projects are currently underway to model laparoscopic procedures. The open procedure lends itself to generalization to other procedures. Many surgical residents do not see an open procedure during their training until a problem has arisen in a laparoscopic cholecystectomy.

Methodology

A literature review was conducted covering surgical theory and practice for the cholecystectomy procedure as well as computer science research efforts in surgical simulation. In addition ongoing research projects in surgical simulation at other institutions were surveyed.

A procedural analysis of the open abdomen cholecystectomy operation was performed, in which the relevant anatomical structures and discrete surgical interactions were identified. The actually VR cholecystectomy simulation was then designed. Three dimensional models of organs, instruments, and the operating room environment were constructed in Swivel 3D Pro. Interactions were then designed in Body Electric. First library routines were put in place to map incoming data coming from the DataGloves and Tracker to the virtual head and hands in the 3D model. Interactions were designed to allow the hands to hold and actuate virtual tools, and for the tools in turn to act upon the virtual organs. Then the steps of the operation were implemented according to the procedural analysis. Many iterations were involved in this process. Three dimensional models were redesigned as new interaction requirements arose. Interactions were refined to balance visual accuracy with ease of use.

Technical Results

Subjects were drawn from several categories: two computer scientists, six middle and high school students, two doctors, one biomedical engineer, and one artist. All but one student were able to successfully complete the procedure within 15 minutes on their first trial. Average time to completion was 8.93 minutes. This was judged to reflect highly successful user interface design.

The surgeons evaluation was that the simulation was useful for medical students first learning the surgical

procedure, who need to memorize the steps in the operation. They felt that tactile feedback and most importantly, accurate tissue deformation, was necessary for teaching surgical residents, who are expected to know the procedure and be working on specific techniques.

Non-surgeons including novice computer users and students found the simulation understandable. They were able to see and identify the anatomical structures involved and understand the steps in the procedure. Lack of stereopsis and tactile feedback made some target acquisition tasks more difficult.

Computer Scientists evaluating the system indicated that this was the most complex set of user interactions they had seen in a fully immersive virtual reality.

Implications for further research

Many questions remain about how virtual reality technology can best be used in medical education. after completion at New Leaf Systems, this simulation will be transferred to the University of California at San Diego Medical School's Learning Resources Center where it will be integrated into, and evaluated as part of their Multimedia System for medical education. While highly successful in meeting its original design challenges, this simulation needs several features in order to offer greater utility to surgeons and students. Chief among these are rendering of volumetric data (such as images from MRI scans) and tactile feedback. A second and third year contract with UCSD is contemplated in which these areas would be addressed.

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APPARATUS

The simulation hardware system:

- Silicon Graphics Onyx Reality Engine
- Macintosh Quadra Work station
- Thin-net Ethernet between SGI and Mac
- Liquid Image Head Mounted Display
- VPL Right and Left DataGloves with Data Acquisition and Transmission Unit
- MacAdios Data Acquisition Board
- Ascension Flock of Bird Tracking system with three sensors (deployed to head and both hands) with large magnet
- Roland 220 Sampler for audio feedback

The Simulation Software:

- Body Electric 1.5.1
- Swivel 3D Pro 2.04
- Isaac 1.7.0
- Voice Navigator

The Simulation Data Files

The total simulation consists of many types of data. These data are stored in

- GB111 - A Swivel 3D Pro file of the 3D model (see appendix C for listing)
- GB111.DM - A Body Electric file of the Dynamics (see Appendix E for listing)
- gb.prop - Text file of Texture Map Configuration (See Appendix D for listing)
- Audio Sample files
 - Click
 - Breathing
 - Cut
 - Proximity
- Texture Map Files (.rgb extensions) individual bit-mapped images assigned to objects by gb.prop
 - pSideWall.rgb
 - sClockWall.rgb
 - Floor.rgb
 - pBackWall.rgb
 - Drape.rgb
 - sFat.rgb
 - HepLig.rgb
 - Belly.rgb
 - Stomach.rgb
 - GB.rgb
 - Pancreas.rgb

Liver.rgb

DESCRIPTION OF THE SIMULATION

Three Dimensional Model

Polygonal 3D geometric models of the anatomy, the surgeon's hands, and the OR environment were constructed primarily in Swivel 3D Pro on the Macintosh Quadra. One organ, the stomach, was imported from the SwivelArt anatomy collection developed by View Point. In addition, some modeling was done in MacroModel and imported to Swivel3D.

The objects in the simulation are rigid. Deformation, such as the stretch or shrink of the cystic duct under tension from the forceps pull, is accomplished by morphing or interpolating rendering between two end state forms: fully stretched or fully shrunk, in the case of the duct. Morphing behavior is controlled dynamically in real time by the Body Electric Dataflow network. Thus user action can trigger and control the degree of morph by their actions either directly on the organ object or by manipulation of a virtual tool which in turn acts on the object.

The models were rendered in real-time gouraud shading by Isaac on a Silicon Graphics Onyx Reality Engine. Texture maps are tiff (bit mapped) files, either created in Adobe PhotoShop (textures on the organs) or captured as video or PhotoCD images in the liver transplant operating room at the University of California, San Francisco, and edited in Adobe PhotoShop on the Mac.

Anatomical structures

- Liver
- Gallbladder
- GallBladder/Liver Fossa
- Cystic Duct
- Common Duct.
- Cystic Artery
- Hepatic artery
- Fatty Tissue
- Gastro-hepatic ligament
- Stomach
- Pancreas

The surgeon's hands, and surgical tools are fully interactive elements. The immediate operating environment, such as the lighting and OR surroundings are simulated to provide context and scale without compromising performance.

Components of the operating room environment

- Adjustable Operating Theatre Lamps - Both are interactive, grabbable solid model objects and local light in the computer graphic lighting model. The simulation user can grab the lamp handle and readjust the lighting on the patient.

- Operating Table
- A simple body form is texture mapped with a photo-realistic belly skin image
- Body is draped with blue cloth, texture mapped with drapery
- Walls of the operating room are texture mapped with photo-realistic images from a real operating room



Figure 1: The virtual operating room showing texture mapped walls, floor, drapery, and belly

Dynamics

The interaction dynamics, or behavior, was designed in Body Electric, a visual programming language for virtual reality. Dynamics are the active behavior of the simulation based on user action. A listing of the Dataflow Modules (called DMs) comprising the network is included at the end of this report. Page one "GB111.DM" is the top net, in from which all of the nested DMs both for debugging and running the simulation are called. Subsequent nested DMs are listed after the DM from which they are called.

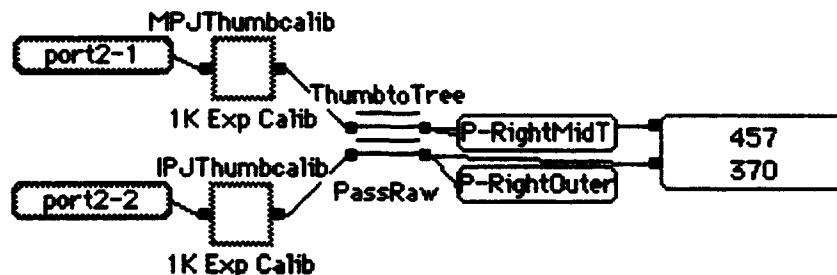


Figure 2: a portion of the Body Electric Data Message (DM) network mapping inputs from the DataGlove (port2-1 and port2-2) to the joints of the thumb using exponential calibration

Interactions

In the real operating room, tools are placed in the surgeon's hand by a scrub nurse as they are requested. In the simulation, the user receives the tool by making a special tool request gesture (cupped hand, palm up) while giving a verbal command. Another gesture <exaggerated open hand> causes the tool to return to its storage position.

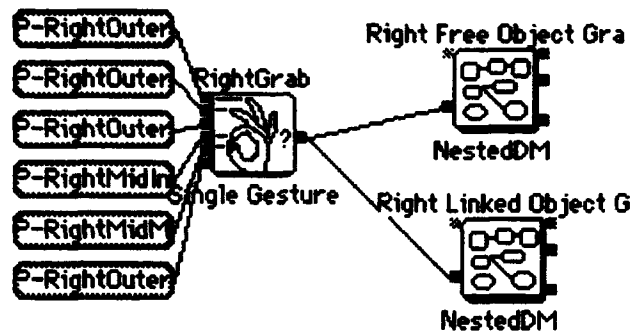


Figure 3: A portion of the Body Electric DM network defining which finger positions will be recognized as a "grab"

Gestures are transduced by the DataGloves and magnetic hand trackers and transformed by Body Electric into naturalistic motions of the virtual hands. Virtual tools are held in the hands and used to effect organs in the model. To obtain a tool, the user holds out the correct hand in the reception gesture and requests the tool verbally by name. Once grasped, tools follow the hand that holds them in both position and orientation. Forefinger flexion is used to direct the angulation of the virtual tool to give the user greater control. Thumb flexion is used to open and closed hinged tools such as scissors or clamps. Tools return automatically to their "home" position when released.



Figure 4: The virtual hands hold the kelly clamp

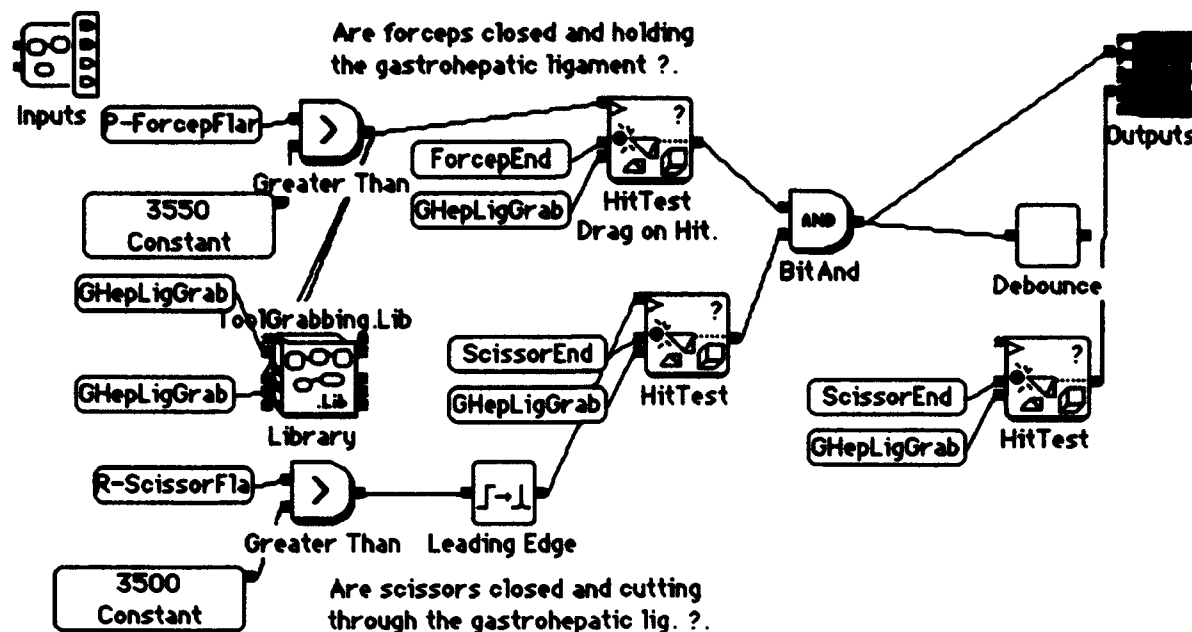


Figure 5: DM network controlling tool behavior. The HitTest DMs compare tool locations to that of their targets to see whether they are in position to be actuated.

Simple newtonian mechanics including gravity have been modeled. For example, a tool can fall when dropped, or sail across the room when thrown. During the actual procedure, however, this capability is generally superseded by the gesture control described above.

Tool interactions offer some significant challenges in the absence of force feedback or physical constraint on the user. A physical tool is subject to forces from both the hand that holds it and the organ or surface on which it acts and in turn applies forces to both the hand and the tissue. On selected portions of the model (the cystic duct and cystic artery, primarily) the deformation effects of these forces on the model are simulated by morphing the structure in question. The users own physical hands however remain unconstrained, and their position continue to be controlled by the output of the magnetic trackers. Therefore an elastic relationship between a tool and the hand is maintained when the tool has grasped a structure. If the user's hand moves farther away than is physically possible, the active part of the tool remains in position while its orientation follows the user's hand. Audio feedback is used to provide further information in the absence of stereopsis or tactile or force feedback.

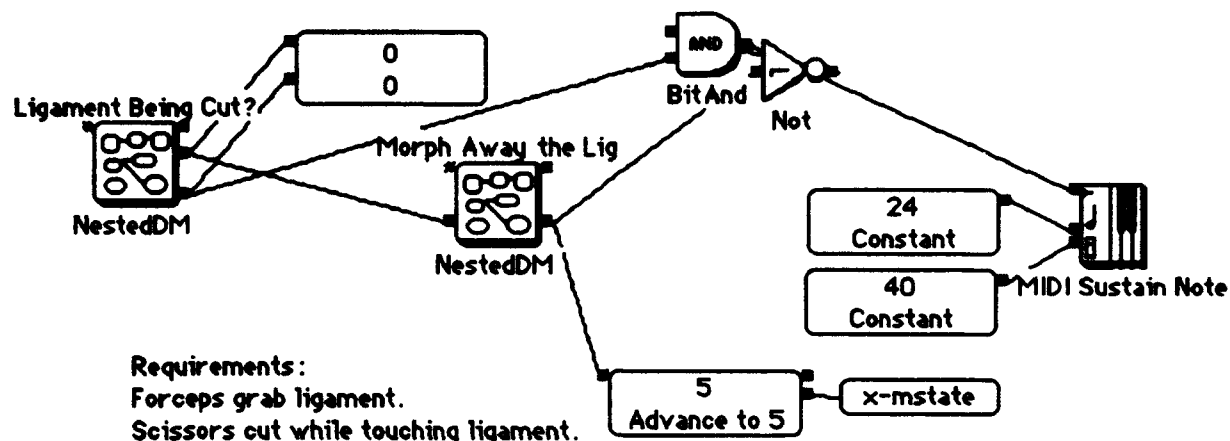


Figure 6: This DM network triggers audio feedback (the MIDI Sustain Note DM) when the Gastrohepatic ligament is cut with the scissors

Surgical tools in the simulation

- Scalpel: cuts the skin
- Abdominal wall retractor: currently unused
- Harrington ("Sweetheart") retractor: for retracting the liver
- Scissors: divides the hepatic ligament, cuts the cystic duct and artery
- Forceps: grasps the hepatic ligament, cystic duct and artery
- Right Angle Clamp: currently unused
- Clip Applier: applies clips to cystic duct and artery
- Kelly Clamp: grasps the gallbladder for dissection from the liver bed, and for removal from the abdomen
- Bovie Cautery: cauterizes the tissues connecting the gallbladder to the fossa or liver bed.

Speech Recognition

Speech recognition for tool request was implemented in Voice Navigator software. This proved to require significant time to train the system to recognize the requisite vocabulary for each participant. It also was not acceptably reliable. Therefore, for user trials, keyboard input from a human operator was used to replace machine recognition.

Audio Feedback

Four distinct sounds were digitally sampled and recorded using a Roland 220 Sampler, and are triggered for playback dynamically by events in the virtual world:

- Ventilated Breathing Sound (background noise for realism - potentially could be used for complications simulations by varying frequency).
- Proximity Cue Sound (used to indicate that the actuating tool end is within the prescribed boundaries of the target tissue).
- Cutting sound, also used for cautery
- Clip Application sound (Click)

Steps in the Simulation

The simulation requires that each step of the procedure be performed in the correct sequence. A detailed analysis of the surgical tasks and perceptual requirements was made as the basis for tuning the simulation to optimize system performance for resolution and frame-rate. Library Research, observation of actual surgery and input by Wendy K. Brown MD, surgical resident at Dartmouth Medical Center were applied to determining the sequence. Subsequently, surgeons evaluating the system suggested further changes, some of which were implemented. The work product of this was a narrative description of each task in a normal open Cholecystectomy procedure. This document forms the script for interaction dynamics described below.

Step 1

Surgeon (user) extends right hand with cupped palm facing up, and states "scalpel", and the scalpel appears in the right hand. The incision is made by drawing the blade across the abdomen starting at an X mark. A proximity sound cue is given when the scalpel is in the right zone to make the cut. A red line appears to signify how far the cut extends. In this first implementation, the cut can be made in only one place. Future versions will offer more range.

Step 2

when the incision is complete, the abdomen morphs open (a computer graphic term which means that it automatically undergoes a transformation from the closed to the open state). Later versions may include more details of the actual retraction process. An Abdominal Retractor has been modeled, but is not currently employed.

Step 3

The liver is retracted up and out of the way either by the right hand or by the Harrington retractor. The retractor is then set in place. Once positioned the retractor is stationary: held in place by an invisible virtual assistant. At this point the gastrohepatic ligament is visible and covering the lower portion of the Gallbladder.



Figure 7 - The liver is held in place with this Harrington Retractor

Step 4

The user requests the scissors in the right hand and the forceps in the left, grasps the gastrohepatic ligament with the forceps, and then cuts it with the scissor. The proximity sound cue is given when the scissors are in the cut zone of the ligament. a second sound indicates actual cutting is taking place. As each cut is made, the ligament shrinks back somewhat.

Step 5

The fatty tissue obscuring the cystic artery, duct, and common bile duct is pushed out of the way using the tips of the forceps (still in left hand).

Step 6

The forceps are then used to grasp the cystic duct. This requires considerable skill, especially in the absence of stereopsis or tactility. The proximity sound cue is given when the forceps tip is in the grasp zone of the duct. When forceps closes on duct system, the duct follows the forceps tip within certain limits (so the user can get a sense of the system by moving it).

Step 7

The duct is held in the stretched position with the forceps in the left hand. The clip applicator is requested in the right hand, and the two clips are applied by activating the applicator with the thumb. The proximity sound cue is given when the clip applicator tip is in the correct region on the duct. A distinct second sound indicates that a clip had been applied. Surgeons testing the system suggested that two or more clips be applied to the proximal end of the duct. One is sufficient for the distal end. This change may be implemented in future versions.



Figure8 - The clip applicator prepares to place a clip on the cystic duct as the forceps hold it stretched taut.

Step 8

The clip applicator is released, and the scissors are requested and used to cut the cystic duct between the clips. This cut can be made only between the clips. In future versions, erroneous cuts could be made, and consequences explored.

Step 9

Steps 7 and 8 are repeated for the cystic artery.

Step 10

Both scissors and clip applicator are released. The Kelly clamp is requested in the left hand and the Bovie Cautery in the right hand. Using the cautery, the Gallbladder is separated from the bed. As the connective tissue is removed, the Gallbladder becomes free. The Gallbladder can be pulled about by the clamp demonstrating simple tissue deformation simulation.

RESULTS

Subjects

Subjects were drawn from several categories: two computer scientists, six middle and high school students, two doctors, one biomedical engineer, and one artist.

Evaluation of Results

Criteria evaluated were ability to successfully complete the procedure, time to completion and narrative evaluation. The latter, narrative evaluation, is considered to be the most meaningful criterion, especially in the case of evaluation by surgeons.

Time to Completion:

Average time Students	10:07
Average time MDs	11:36
Average time Researchers	5:28
Average time to completion All	8:93
Best Times were under 2 minutes.	

The middle school and high school students

Perhaps most importantly, participation in the simulation offered an opportunity for the student to try on the role of surgeon, without the onus of real outcome or grades. The psychological gain may well be in the child's expanded view of self and possibilities. In addition, the students learned functional anatomy, the names of organs and were easily able to retain the sequence operative tasks. It is conjectured that the high degree of computer experience (including video games) make immersive simulation particular effective in training this group, and their somewhat older peers, now in college.

Medical/Professional Evaluation

Two Surgeons, Toshi Mori MD and Sunil Bhojral MD, and one biomedical engineer, Frank Tendick PhD, from UCSF used the system on May 18th, 1994. Their evaluation of the simulation was that it would be very useful for medical students first learning the surgical procedure who needed to memorize the steps in the operation. They felt that the level of realism was too low to be of use teaching surgical residents, who are expected to know the procedure and be working on specific techniques. This was especially true of certain aspects of the operation. For example, both indicated that the dissection of the gallbladder from the liver bed is a critical part of the operation. The connective tissue is simulated very simply. In fact its representation as a set of polygons linking the liver and gallbladder is almost more symbolic of the process than descriptive of it. This kind of abstraction can be useful in procedural training = ie learning the steps required to perform the operation, but is probably not of value in learning the actual skill involved in safely performing the dissection. It has been suggested that this part of the procedure (dissection of the Gallbladder from the liver bed) is of such importance, it ought to be simulated separately in a great deal more detail.

Computer science Evaluations

Computer Scientists using the system were highly impressed by the number and complexity of individual interactions simulated. This was less apparent to doctors and students, both of whom tended to compare the simulation to the physical world with its limitless range of interaction potential. This points out a major difficulty in developing simulations - the need to define and support an acceptable level of complexity and variance in interaction, without overwhelming the system and the developers.

User Interface Issues

- **Need for stereopsis:** The current version of the simulation is monoscopic. This is a purely economic issue. The simulation contains all the necessary information to generate stereo views, but the Silicon Graphics Onyx lacks the video splitter internal card necessary to generate a second view NTSC video signal. The lack of stereopsis seriously impairs the user's ability to perform fine target acquisition tasks such as grasping a duct or artery with the forceps.
- **Need for Tactile and force feedback:** No tactile or force feedback devices were used in this simulation. Using audio and visual feedback concomitantly can offer some substitute for tactility. In the simulation, the proximity sound cue and the visual-spacial feedback from perspective and overlap of near object over far (the scalpel being obscured as it penetrates flesh, for example) combine to give orientation. However, a surgical simulation environment which would be useful for advanced training would require realistic force transduction and reflection. Audio feedback can give event information (occurrence of the sound signifies a state such as proximity or contact). In trying to substitute audio information for force, amplitude (loudness) may express degree of force, however, there is no clear mapping for the vector of the force.
- **Need for more accurate deformation and other behaviors of tissues:** Tissue deformation was only represented on a minority of structures in this simulation. Even within the limited confines of an immersive virtual reality environment such as this one further work can be done. A Simulation concentrating solely on specific surgical technique such as dissecting the gall bladder from the fossa or liver-bed, has been proposed and such concentration would allow greater accuracy of detail.
- **Head-tracked immersion versus "through the window" simulation**
Tracking the user's head and hands transforms the experience from passive viewing to active participation. It may be the case that there are significantly different learning pathways invoked in an immersive environment *even when the experience is of relatively low resolution*. This is a subject for future research.

FUTURE WORK

In the next phase of the project, the simulation will be taken over by Dr. Helene Hoffmann and her colleagues at the UCSD Medical School Learning Resources Center. The LRC team has developed a comprehensive prototype of a multimedia system for medical education. In year one of the new contract, the open cholecystectomy simulation presented here will be integrated into the UCSD multimedia environment for further evaluation as a teaching system.

Among the teaching /learning issues to be evaluated are the discrimination between learning to operate the Virtual Reality interface (special gestures, symbolic actions) from learning which is directly or indirectly transferable to the performance of surgery . This includes addressing the question of whether such a system might teach negative habits.

Initial work will be performed using a "through the window" approach with a Stereographic monitor display. This simulation was developed in the Body Electric visual programming language. In subsequent years two and three, it is expected that the simulation will be ported to Talisman, New Leaf's new virtual reality authoring language. The greater capacity of this tool will support integration of external simulations, alternative input and display devices and rendering and interaction with radiologically derived volumetric data sets. Head mounted and desk mounted, head-coupled displays will be used .

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Video Production by Ethan Sing, Pacific Rim Media

Multimedia Environment video courtesy of UCSD Learning Resources Center

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TABLE OF APPENDICES

Appendix A - Literature Search

Appendix B - Images from the Simulation

Attached are Still images from the simulation

- The Operating Room and Draped "patient"
- Virtual hand holding Kelly Clamp
- Virtual hand holding Harrington Retractor
- Close up of the Clip Applier and Ducts prior to clip application
- Close up of the Clip Applier and Ducts after clip application

Appendix C - The Model

A hierarchical listing of the 3D model, attached details the linking between objects by tab indentation.

Appendix D - Listing of the Properties file

Appendix E - Listing of the Dynamics Dataflow Models

APPENDIX A - LITERATURE SEARCH

Airey, Rohlf, Brooks "Towards Image Realism with Interactive Update Rates in Complex Virtual Building Environments" March 1990 *Computer Graphics* PP41-50 %V 24, #2

Badler, Norman "Human Body Models and Animation" Nov 1982 *Proceedings of IEEE CG&A* PP 6-7

Bejczy, AK, Salisbury, JK "Kinesthetic Coupling Between Operator and Remote Manipulator"
Aug 1980\ *Advances in Computer Technology, Proceedings of Int Computer Technology Conf. SF* Aug 12-15,
1980 PP 197-211

Bhat Adarsh "Virtual Reality and Medicine: Frontiers in Computer Interfacing" *The Stanford Journal of Health and Science* vol II #6 May 1992, PP 1-4

Blanchard, Chuck and Lasko-Harvill, Ann "Humans: The Big Problem in VR". Course Notes, ACM,
Implementation of Immersive Virtual Environments Siggraph 1992 July 26-31, 1992 Pages 3.1-3.5

Blanchard, Chuck, Scott Burgess, Young Harvill, Jaron Lanier, Ann Lasko, Mark Oberman, Michael Teitel.
"Reality Built for Two: A Virtual Reality Tool" *Computer Graphics* Volume 24, #2 March 1990 pages 35-
36Health Matters

Bricken, M Esposito, C, Butler, K "Building the VSX Demonstration: Operations with Virtual Aircraft in Virtual Space" 1991, HIT Lab University of Washington HIT tech report No HITL M-90-9

Bricken, W "Learning in Virtual Reality" 1990 HIT Lab University of Washington
HIT tech report No HITL M-90-5

Brill, Louis "Facing Interface Issues" *Computer Graphics World* vol 15 #4 April 1992 Pp 48-58

Brooks, Frederick P. "Grasping Reality Through Illusion—Interactive Graphics Serving Science"
7/31-8/4/89 ACM SIGGRAPH or CHI '88 3-1 — 3-11

Brooks, Frederick P. "Project GROPE — Haptic Displays for Scientific Visualization" August 1990 *Computer Graphics* V 24, #4Pp 177-185

Burdea, Grigore C "Force Feedback Control for Dextrous Telerobotics and Virtual Environments"
1992 Dept. of Electrical and Computer Engineering, Rice University; CAIP research project Pp 1

Cameron, John L. MD. , *Atlas of Surgery*, Volume 1, BC Decker, Ontario, Philadelphia, 1990

Charles J. Cattano "Trends in Gallbladder Disease and Treatment" *Practical Gastroenterology*, VOL XVI No.3, PP19-35

Chen, David T *Pump It UP* MIT Media Lab - Doctoral dissertation Feb 1992

Chesnais, Pascal Roger "A Graphic/Photographic Arthroscopy simulator" MIT Masters thesis, June 1988

Cline, Harvey E. "Marching Cubes: A High Resolution 3D Surface Construction Algorithm" July 27-31, 1987 *Proceedings of ACM SIGGRAPH '87* PP 163-169

Cole Robert E and Parker Donna L "Stereo TV improves manipulator performance" *SPIE Three dimensional Visualization and Display Technologies* 1989, Pp 18-27

Corcoran, Elizabeth "Calculating Reality" *Scientific American* V 264, #1 Jan 1991 Pp 100-109

Cutting, Court B. "Three-Dimensional Input of body Surface Data Using a Laser Light Scanner" *Annals of Plastic Surgery* V 21, #1 July 1988 Pp 38-45

deGroot, Marc "Virtual Reality" *UNIX Review* V 8 Pp 32-36

Delp, Scott L et al "An Interactive Graphics-Based Model of the Lower Extremity to Study Orthopaedic Surgical Procedures" *IEEE Transactions on Biomedical Engineering* V 37:8Aug 1990 Pp 757-767

Dumay, A.C.M., "Cyber Surgery" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp 42-44

Durlach, Nathaniel I., "Psychophysical Considerations in the Design of Human-Machine Interfaces for Teleoperator and Virtual Environment Systems *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp45-47

Fetter, William A. "A Progression of Human Figures Simulated by Computer Graphics" *IEEE Computer Graphics and Applications* Nov 1982 Pp 9-13

Fisher, Scott S. "Telepresence master glove controller for dexterous robotic end-effectors" *Intelligent Robots and Computer Vision-Proceedings of SPIE* 10/28-31/86 Pp 396-400

Fisher, S; Wenzel, E; Coler; McGreevey, M "Virtual Interface Environment Workstations" *Proceedings of the Human Factors Society-32nd meeting* 1988 Pp 91-95

Foley, James "Interfaces for Advanced Computing" *Scientific America* V 257, #4 October 1987 Pp 127-135

Geis, Peter et al "Laparoscopic Appendectomy for Acute Appendicitis: Rationale and Technical Aspects"
Contemporary Surgery Vol 40 #1 Jan 1992 Pp 13-19

Graber, John N. MD, Schultz, Leonard, S MD, Pietrafitt, MD, Hickcok, David F, MD. Ed.s *Laparoscopic abdominal surgery*. McGraw Hill, Inc. New York

Henderson, Joseph V. MD "Virtual Realities as Instructional Technology" *Interactive Media Lab, Dartmouth Medical School* May 29, 1990 Pp 23

Hill, J.W.; Sword, A.J. "Manipulation Based on Sensor Directed Control: An Integrated End Effector and touch Sensing System" *Human Factors Society Convention, 17th mtg.* 10/16/73 Pp 8

Hon, David "Ixon's Laparoscopic Surgical Skills Simulator" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp81-83

Hunter, Ian W, Jones, Lynette, A, Sagar, Mark A, Mallinson, Gordon D, Hunter, Peter J, "A Teleoperated Microsurgical Robot and Associated Virtual Environment for Eye Surgery" *Presence* MIT Press Vol3 No.4 Fall 1993 Pp 265-280

Iwata, Hiroo "Artificial Reality with Force Feedback: Development of Desktop Virtual Space master Manipulator" *ACM Computer Graphics* vol 24 # 4 Aug 1990 Pp 165-170

Hoffman, Helene, "Virtual Reality and the Medical Curriculum: Integrating Extant and Emerging Technologies" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp 73-76

Jacobson, Linda "Virtual reality A Status report" *AI Expert* Aug, 1991 Pp 26 - 33

Johnson, Ellen and Caposki, JJ "A System for the Three Dimensional Reconstruction of Biological Structures" *Computers and Biomedical Research* V 16 1983 Pp 79-87

Kaplan, Kenneth L "Project Description: Surgical Room of the Future" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp 95-98

Kaufman, Arie "Direct Interaction with a 3D Volumetric Environment" March 1990 *Computer Graphics* V 24. #2 Pp 33-34

Kawabata, Hidehiko "Computer Aided analysis of Z-Plasties" *Annual mtg Japan Society of Plastic and Reconstructive Surgery* June 12-14 1986

Kim, Won S., Tendick, Frank and Stark, Lawrence W. "Visual Enhancements in Pick-and-Place Tasks: Human Operators Controlling a Simulated Cylindrical Manipulator" Oct 5, 1987 *IEEE Journal of Robotics and*

Automation RA-3 #5

Kühnapfel, U.G, "Realtime Graphical computer Simulation for Endoscopic Surgery" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp114-116

Larrabee, Wayne F. "A finite element model of skin deformation" *Laryngoscope* 96 April 1986
Pp 399-419

Lasko-Harvill, Ann "Interface Devices for Virtual Reality" *Virtual Worlds, Real Challenges*. Ed. Teresa Middleton, Meckler, Westport, London 1991

Lasko-Harvill, Ann "Interface Devices for Virtual Reality as a Technology for People with Disabilities" *Proceedings of the First CSUN Conference on Virtual Reality and Technology for People with Disabilities* San Francisco, California, Spring 1993.

Lasko-Harvill, Ann "From DataGlove™ to DataSuit™" *Proceedings of COMPCON 88 33rd IEEE Computer Society International Conference* 1988, 536-538

Liang, Jiandong, Shaw, Chris, and Green, Mark "On Temporal-Spatial Realism in the Virtual Reality Environment" *UIST Proceedings of the ACM Fourth Annual Symposium on User Interface Technology*
Nov 11-13 1991 Pp 19-25

Loftin, R. Bowin, Engleberg, Mark and Benedetti, Robin "A Virtual Physics laboratory" *NASA Johnson Space Center* 1992

Loftin, R. Bowin "Advanced Training Systems for the Next Decade and Beyond" *AIAA Space Programs and Technologies Conference* March 24-27, 1992 Pp1-9

Loftin, Bowen R, Ota, David, Saito, Tim and Voss, Mark, "A Virtual Environment for Laparoscopic Surgical Training" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp121-123

Massimino, Michael J, and Sheridan, Thomas "Sensory Substitution for Force Feedback in Teleoperation" *Presence* MIT Press Vol3 No.4 Fall 1993 Pp 344-352

Marcus, Beth A., Ph.D. "Sensing Human Hand Motions for Controlling Dexterous Robots" *Center for Product Development*, 20 Acom Park, Cambridge MA, 02140 Pp 5

Marsh, Jeffrey L., M.D. "Computerized Imaging for Soft Tissue and Osseous Reconstruction in the Head and Neck" *Clinics in Plastic Surgery* V 12, #2 April 1985 Pp279-283

Minsky, Margaret, Ouh-Young, Ming, Steele, Brooks, Behensky "Feeling and Seeing: Issues in Force Display" *Computer Graphics* V 24, #2 March 1990 Pp 235-243

Netter, Frank, H MD, *Atlas of Human Anatomy*, CIBA-Geigy Corp., New Jersey, 1989

Ouh-Young, Ming "Force Display Performs Better than Visual Display in a Simple 6D Docking Task" *Proceedings of the IEEE Robotics and Automation Conference* May 1989 Pp 1-5

Peifer, John, Sinclair, Michael, Haleblan, Ray, Luxenberg, Malcom, Green, Keith, and Hull, David "Virtual Environment for Eye Surgery Simulation" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego, Pp166-169

Pentland, Alex "Computational Complexity Versus Virtual Worlds" *Computer Graphics* V 24, #2 March 1990 Pp 185-192

Perkins, W.J. and Green, RJ "Three Dimensional Reconstruction of Biological Sections" *Computer Science Laboratory, National Institute for Med Research, Mill Hill, London, NW7, US*

Pieper, Steven Donald CAPS: Computer Aided Plastic Surgery Doctoral Thesis MIT Feb 1992

Pieper, Zeltzer and Rosen "Interactive Computer Graphics in Surgical Simulation", , Proceedings of NICCOGRAPH 91, Tokyo, Japan November 1991

Regian, J Wesley, Shebilske and Monk, John "A preliminary empirical evaluation of virtual reality as a training tool for Visual-Spatial tasks" *Journal of Communication* (submitted 4/13/92)

Sabiston, David C Jr MD (editor) *Textbook of surgery* 1990 WB Saunders Co

Satava, Richard,

 "Telepresence Surgery Phase I: Basic Concept and Design" 8/11/91

 "Virtual REality Surgical Simulator: The first steps" 7/21/921 Silas Hays, Army Hospital

 "Surgery 2001: A Technologic Framework for the future" 7/7/92

Satava, Richard, and Wang, Yulun, "The Third Hand and Missing Nose: Heterogeneous Anthropomorphic Mapping for Virtual Reality" *Medicine Meets Virtual Reality II* January 27-30, 1994 San Diego. Pp200-201

Robert Schade MD, Charles J. CattanoMD "Trends in Gallbladder Disease and Treatment Part I" *Hospital Medicine* Oct 1992, PP65-77

Schwartz, 'GallBladder and Extrahepatic Biliary Systems" *Principles of Surgery/Specific Considerations* pp1372-1399

June 21, 1994 Appendix A - Literature Search

The Southern Surgeons Club, "A Prospective Analysis of 1518 Laparoscopic Cholecystectomies", *The New England Journal of Medicine*, April 18, 1991 Vol 324 #16 pp1073-1078

Stanford University Video: *Band Aid Surgery*, 11/27/92

#8 SEA. # 7 '92 Host Helen Chickering, Guests Mark Vierra MD, Carl Levinson, MD

Steele, Richard, Lasko-Harvill, Ann et al, "Tactile and Audio Strategies for Manual Tracking" *Proceedings Rehabilitation Engineering Society of North America 10th Annual Conference* San Jose CA June 1987

Tessier, Paul, "Three Dimensional Imaging in Medicine" *Scan J Plastic Reconstructive Surgery* V 20 #3-11 1986 Pp 4-11

Thalmann, D. "A model for the three-dimensional reconstruction and animation of the human heart" *The Visual Computer* 1985 Pp 241-248

Ward, Fred "Images for the Computer Age" *National Geographic* V 175#6 pp 738 June 1989

Wenzel, Elizabeth M. "Realtime Digital Synthesis of Virtual Acoustic Environments" 1990 *Association for Computing Machinery* pp 139-140

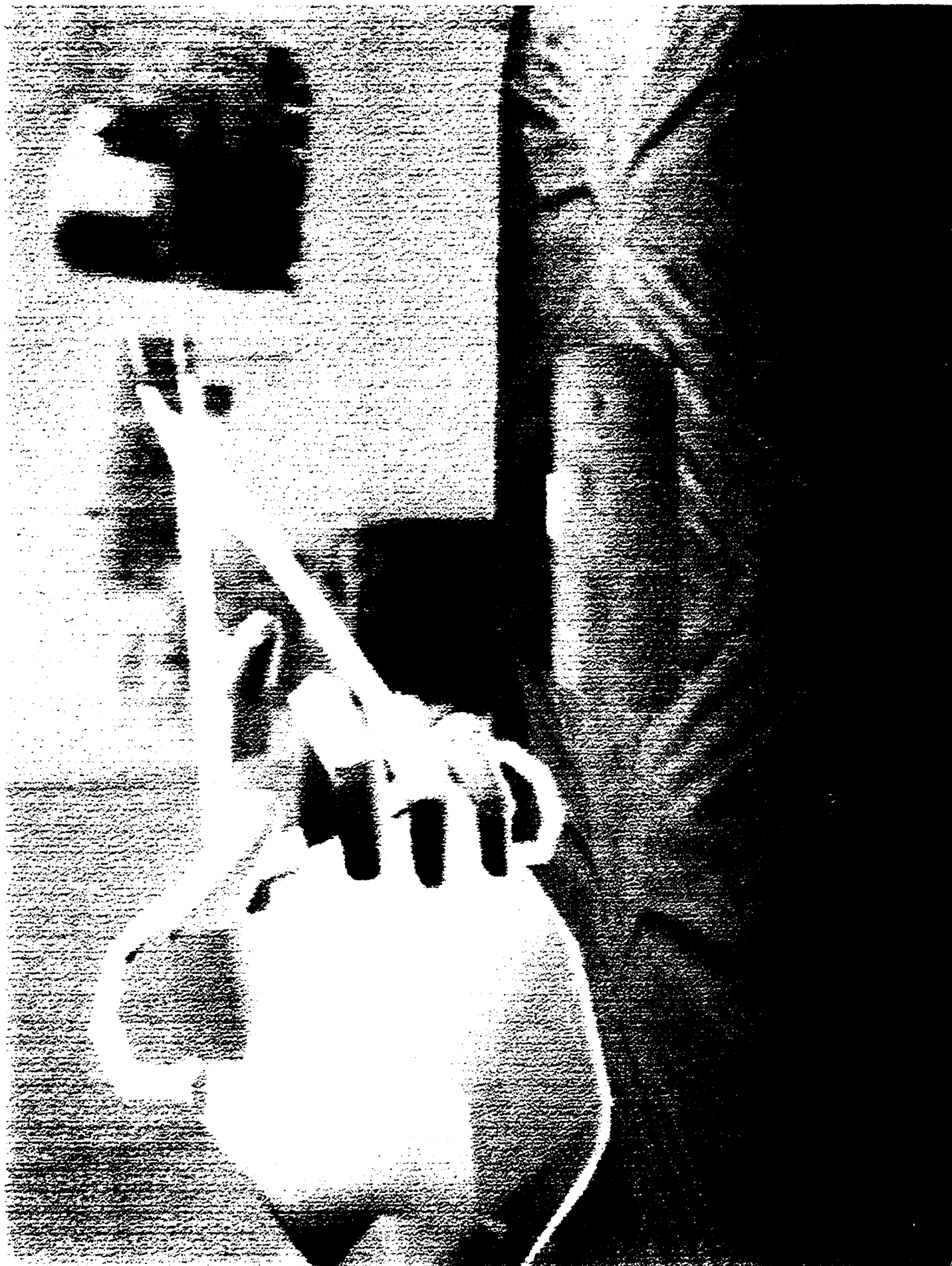
Zucker, Karl A. MD, Ed. "Laparoscopic Guided Cholecystectomy with Electrocautery Dissection" *Surgical Laparoscopy* Quality Medical Publishing, ST. Louis Mo 1991 pp 143-182

Appendix B - Images from the Simulation

Attached are Still images from the simulation

- The Operating Room and Draped "patient"
- Virtual hand holding Kelly Clamp
- Virtual hand holding Harrington Retractor
- Close up of the Clip Applier and Ducts prior to clip application
- Close up of the Clip Applier and Ducts after clip application











GB111

'<name>', x, y, z: yaw, pitch, roll.

'World' 0, 0, 0 : 0.0, 0.0, 0.0

'WestWall' 5433, 2219, -6621 : 270.0, 90.0, 270.0

'EastWall' -8079, 2219, -6621 : 270.0, 90.0, 270.0

'PolhmOffset' 20, 801, 1220 : 0.0, 0.0, 0.0

'PolhmAdjust' 0, 0, 0 : 0.0, 0.0, 0.0

'LeftHand' -229, -556, -507 : 347.7, 186.0, 169.3

'LeftPalm' 10, 179, 129 : 0.0, 0.0, 0.0

'LeftMidPinkie' 90, 10, -225 : 0.0, 22.9, 0.0

'LeftOuterPinkie' 0, 0, -79 : 0.0, 13.4, 0.0

'LeftPinkieTip' 0, 0, -65 : 0.0, 6.7, 0.0

'LeftPalmGrb' 54, 43, -165 : 0.0, 0.0, 0.0

'LeftMidRing' 38, 12, -259 : 0.0, 16.9, 0.0

'LeftOuterRing' 0, 0, -90 : 0.0, 17.4, 0.0

'LeftRingTip' 0, 0, -74 : 0.0, 8.7, 0.0

'LeftMidMiddle' -19, 9, -264 : 0.0, 0.0, 0.0

'LeftOuterMiddle' 0, 0, -101 : 0.0, 23.7, 0.0

'LeftMiddleTip' 0, 0, -86 : 0.0, 11.9, 0.0

'LeftMidIndex' -76, 13, -237 : 0.0, 2.2, 0.0

'LeftOuterIndex' 0, 0, -102 : 0.0, 4.1, 0.0

'LeftIndexTip' 0, 0, -83 : 0.0, 2.1, 0.0

'LeftIndexEnd' -1, 0, -68 : 0.0, 0.0, 0.0

'LeftThumbBase' -50, 4, -38 : 319.0, 359.0, 326.0

'LeftMidThumb' 0, 0, -120 : 0.0, 11.9, 0.0

'LeftOuterThumb' 0, 0, -91 : 0.0, 4.0, 0.0

'LeftThumbEnd' 0, 0, -71 : 0.0, 0.0, 0.0

'LeftHandDriver' 0, 0, 0 : 0.0, 0.0, 78.4

'LeftHandArrow' 80, 106, 0 : 0.0, 0.0, 187.8

'LeftCntr-WallVect' -220, 150, 10 : 0.0, 0.0, 0.0

'LeftHeadWallVector' 0, 0, -10 : 0.0, 0.0, 0.0

'Head' 522, -1102, -1520 : 206.2, 171.5, 176.6

'HeadPoint' 0, 850, 300 : 0.0, 0.0, 0.0

'LColorSmall' 67, 178, 0 : 0.0, 0.0, 0.0

'LColorSmall' -70, 180, 0 : 0.0, 0.0, 0.0

'RColor' 147, 176, 0 : 0.0, 0.0, 0.0

'LColor' -141, 180, 0 : 0.0, 359.7, 0.0

'Face' 0, -245, 84 : 270.0, 90.0, 270.0

'Ear' 0, -290, 140 : 0.0, 0.0, 0.0

```
'SoundFollow3' 560, -4510, -1430 : 126.5, 0.0, 0.0
'SoundFollow4' 2240, -4390, 3420 : 72.0, 0.0, 0.0
'SoundFollow5' 3920, -6390, 590 : 320.5, 0.0, 0.0
'SoundFollow' -760, -740, -260 : 281.4, 0.0, 0.0
'Eye' 0, -362, 428 : 0.0, 0.0, 0.0
'HeadDriver' 0, 0, 0 : 0.0, 0.0, 0.0
'NeckPt' 0, 1026, 0 : 270.0, 90.0, 270.0
'RightHand' 1080, -268, -473 : 202.8, 107.4, 236.4
'RightPalm' 10, 179, 129 : 0.0, 0.0, 0.0
'RightMidPinkie' -79, 10, -225 : 0.0, 12.1, 0.0
'RightOuterPinkie' 0, 0, -79 : 0.0, 15.4, 0.0
'RightPinkieTip' 0, 0, -65 : 0.0, 7.7, 0.0
'RightPalmGrb' 54, 43, -330 : 180.3, 0.0, 0.0
'RightMidRing' -30, 12, -259 : 0.0, 4.2, 0.0
'RightOuterRing' 0, 0, -90 : 0.0, 19.6, 0.0
'RightRingTip' 0, 0, -74 : 0.0, 9.8, 0.0
'RightMidMiddle' 27, 9, -264 : 0.0, 5.6, 0.0
'RightOuterMiddle' 0, 0, -101 : 0.0, 31.0, 0.0
'RightMiddleTip' 0, 0, -86 : 0.0, 15.5, 0.0
'RightMidIndex' 85, 13, -237 : 0.0, 8.5, 0.0
'RightOuterIndex' 0, 0, -102 : 0.0, 38.3, 0.0
'RightIndexTip' 0, 0, -83 : 0.0, 19.2, 0.0
'RightIndexEnd' -1, 0, -68 : 0.0, 0.0, 0.0
'RightThumbBase' 50, -4, -38 : 41.0, 359.0, 34.0
'RightMidThumb' 0, 0, -120 : 0.0, 12.3, 0.0
'RightOuterThumb' 0, 0, -91 : 0.0, 3.9, 0.0
'RightThumbEnd' 0, 0, -71 : 0.0, 0.0, 0.0
'RightHandDriver' 0, 0, 0 : 0.0, 0.0, 78.4
'RightHandArrow' 80, 106, 0 : 0.0, 0.0, 187.8
'RightCntr-HeadWallVec' -220, 150, 10 : 0.0, 0.0, 0.0
'RightHeadWallVector' 0, 0, -10 : 0.0, 0.0, 0.0
'SimpleHeadHand_b07_2H' 0, 0, 0 : 0.0, 0.0, 0.0
'GrbHitSoundVar' 0, 0, 0 : 0.0, 0.0, 0.0
'GrbGestureSoundVar' 0, 0, 0 : 0.0, 0.0, 0.0
'FlySpeedLimit' 270, 0, 0 : 0.0, 0.0, 0.0
'Finger' 42, 270, 75 : 352.6, 352.1, 350.3
'Bigger' 0, 0, 0 : 0.0, 0.0, 0.0
'globals' 80, 80, 0 : 0.0, 0.0, 0.0
'LEFT_TOOL' 10, 80, 0 : 0.0, 0.0, 0.0
```

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'RIGHT_TOOL' 10, 100, 0 : 0.0, 0.0, 0.0
'mstate' 15, 80, 0 : 0.0, 0.0, 0.0
'debug' 0, 0, 0 : 0.0, 0.0, 0.0
'status' 0, 0, 0 : 0.0, 0.0, 0.0
'morphon' 0, 1, 18700 : 0.9, 0.0, 0.0
    'morphSkinL' 100, 1, 100 : 0.0, 0.0, 0.0
    'morphSkinR' 100, 1, 100 : 0.0, 0.0, 0.0
    'morphGHepLig' 100, 10, 100 : 0.0, 0.0, 0.0
    'morphBloodLine' 100, 10, 100 : 0.0, 0.0, 0.0
    'morphDWhole' 100, 10, 100 : 0.0, 0.0, 0.0
    'morphArtWhole' 100, 1, 100 : 0.0, 0.0, 0.0
'Camera' 14, 6, -20 : 14.4, 259.2, 0.0
'SloppyTool' 80, 80, 0 : 0.0, 0.0, 0.0
    'ObjCenter' 68, -252, -504 : 12.7, 42.0, 24.5
    'ObjTEnd' 0, 0, 0 : 0.0, 0.0, 0.0
    'ObjTGrab' -1, -2, 549 : 357.8, 2.6, 225.2
    'VirtToolGrab' 517, -475, -445 : 257.9, 21.8, 283.6
    'VirtToolEnd' 1, 32, -550 : 278.7, 54.9, 203.3
'Floor' 170, 2160, -270 : 270.0, 270.0, 270.0
'NorthWall' 5326, -6426, 59 : 180.0, 0.0, 90.0
'Tray' 1300, 1217, -1640 : 0.0, 0.0, 270.0
    'RAClampBase' 310, 770, -140 : 270.0, 0.0, 90.0
    'ClipApplierBase' 330, 380, -180 : 270.0, 0.0, 90.0
    'ForcepBase' 260, 50, -140 : 270.0, 0.0, 90.0
    'KellyBase' 270, -290, -140 : 270.0, 0.0, 90.0
    'ScalpelBase' 270, -680, -140 : 270.0, 0.0, 90.0
    'Tray2' -160, -2540, 0 : 0.0, 0.0, 0.0
        'OrganBowl' 58, 360, 0 : 0.0, 180.0, 90.0
        'ScissorBase' 150, -266, -140 : 270.0, 0.0, 90.0
        'BovieBase' 350, -77, -140 : 92.0, 0.0, 0.0
        'HarringtonBase' 320, -110, -140 : 270.0, 0.0, 90.0
        'AbdWallRetractorBase' 110, -410, -140 : 270.0, 0.0, 90.0
'Table' 423, -124, -1960 : 180.0, 325.7, 180.0
    'Drape' -473, -65, -182 : 180.0, 0.0, 180.0
    'Body' -700, 235, 560 : 0.0, 0.0, 270.0
    'BodyNew' 0, 0, 0 : 0.0, 0.0, 0.0
        'GHepLigGrab' 171, 285, -72 : 180.0, 0.0, 85.8
        'FatSlide1' -86, 80, 90 : 32.8, 347.8, 139.2
        'FatLayer1' -139, 2, -32 : 289.8, 73.1, 275.3
        'FatGrab1' -97, -22, 76 : 97.5, 86.0, 263.2
```


'HepGastLig' 41, -59, 8 : 149.4, 275.2, 145.8
'WholeLig' 0, 0, 0 : 0.0, 0.0, 0.0
'MorphLig' 0, 0, 0 : 0.0, 0.0, 0.0
'Thorax' 305, 274, -311 : 180.0, 0.0, 90.0
'skinR' 0, 0, -41 : 270.0, 0.0, 0.0
'SkinRClosed' 0, 0, 0 : 0.0, 0.0, 0.0
'SkinROpen' 0, 0, 0 : 0.0, 0.0, 0.0
'cutMark2' -394, 0, 342 : 268.8, 0.0, 270.0
'skinL' 0, 0, -41 : 270.0, 0.0, 0.0
'SkinLClosed' 0, 0, 0 : 0.0, 0.0, 0.0
'cutMark' 398, -234, 4 : 270.9, 16.8, 313.9
'SkinLOpen' 0, 0, 0 : 0.0, 0.0, 0.0
'Line' -2, -32, -510 : 90.0, 0.0, 0.0
'LineCutPt' 111, 297, 0 : 270.0, 348.5, 0.0
'MorphLine' 0, 0, 0 : 0.0, 0.0, 0.0
'ShortLine' 0, 8, 8 : 269.5, 0.0, 0.0
'WholeLine' 0, 8, 8 : 270.0, 0.0, 0.0
'Blood' 0, 0, 332 : 0.0, 0.0, 0.0
'Stomach' 337, 1, -72 : 48.0, 335.4, 209.6
'Artery' 273, 142, -126 : 96.2, 337.4, 119.9
'HepaticArtery' -55, 1, -23 : 138.5, 340.3, 139.6
'ArtCut' 24, -39, 23 : 36.9, 289.5, 105.1
'ArtCutB' 13, -18, -88 : 68.1, 337.2, 22.3
'ArtCutA' 0, 0, 0 : 0.0, 0.0, 0.0
'ArtWhole' 24, -39, 23 : 36.9, 289.5, 105.1
'WholeFlat' 0, 0, 0 : 0.0, 0.0, 0.0
'ArtAnchor' 67, -12, -28 : 48.2, 4.9, 0.3
'ArtPull' -87, -8, 9 : 90.0, 351.0, 15.3
'WholeBent' 0, 0, 0 : 0.0, 0.0, 0.0
'ArtClipGrab2' 18, -28, -100 : 67.6, 347.8, 270.0
'ArtClip2' -1, 8, 0 : 11.8, 26.2, 10.4
'ArtClipGrab1' -6, -3, -38 : 174.4, 8.6, 107.6
'ArtClip1' 3, 3, 0 : 180.0, 4.6, 36.2
'Duct' 259, 174, -87 : 79.6, 332.7, 126.9
'CommonDuct' -67, 34, -27 : 106.2, 339.5, 27.2
'DCut' 0, 0, 0 : 359.4, 289.0, 58.4
'DCutB' 13, -18, -88 : 68.1, 337.2, 22.3
'DCutA' 0, 0, 0 : 0.0, 0.0, 0.0
'Whole' 0, 0, 0 : 359.4, 289.8, 58.4

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'DWholeFlat' 0, 0, 0 : 0.0, 0.0, 0.0
'DuctAnchor' 40, -6, -49 : 50.7, 340.6, 356.9
'DuctPull' -45, -1, 9 : 90.0, 347.8, 356.3
'DWholeBent' 0, 0, 0 : 0.0, 0.0, 0.0
'DClipGrab2' 40, -26, -81 : 88.1, 337.1, 321.8
'CysticClip2' -12, -9, 6 : 177.5, 8.8, 6.6
'DClipGrab1' -6, 0, -35 : 175.5, 1.6, 74.4
'CysticClip1' -2, 3, 0 : 181.8, 358.9, 1.4
'Pancreas' 78, 593, -98 : 272.9, 31.7, 339.1
'LiverRotate' 383, 184, -120 : 5.7, 120.0, 182.6
'GBRotate' 0, 0, 0 : 0.0, 355.0, 1.3
'gallbladder' -1291, -512, 421 : 131.1, 325.9, 33.0
'BallBladder' 8, 115, 19 : 119.6, 47.7, 28.9
'DummyParent' -35, 126, 16 : 25.4, 199.0, 166.1
'CysticClipDummy' -33, -24, 81 : 154.9, 11.9, 45.3
'ArtClipDummy' -24, -47, 104 : 326.4, 344.9, 292.4
'ArtCutDummy' -19, -43, 116 : 323.8, 345.6, 33.5
'DCutDummy' -24, -14, 106 : 338.1, 337.1, 22.4
'BallJoint' 2, 104, -4 : 158.3, 0.0, 358.3
'GBEndHit' 0, -59, 0 : 0.0, 0.0, 0.0
'Liver' 2, -80, 48 : 101.2, 357.7, 155.7
'LiverGrab' -19, 122, 128 : 0.0, 349.2, 291.8
'Fossa' -12, 30, -8 : 270.0, 165.0, 0.0
'AFosHit' 0, 0, 0 : 90.0, 89.0, 270.0
'BFosHit' 0, 0, 0 : 46.0, 0.0, 0.0
'CFosHit' -4, 0, 4 : 46.0, 0.0, 0.0
'DFosHit' 54, 2, 3 : 43.0, 0.0, 0.0
'EFosHit' -3, 0, -5 : 49.0, 0.0, 0.0
'FFosHit' -2, 0, 0 : 46.0, 0.0, 0.0
'GFosHit' 0, 0, 0 : 44.0, 0.0, 0.0
'HFosHit' 26, 0, -4 : 12.7, 0.0, 0
'HFos-dummypt' 8, 8, 0 : 0.0, 0.0, 0.0
'HFos' 1, 2, -45 : 359.1, 15.0,
'GFos' 1, 2, -45 : 359.1, 15.0, 0.0
'FFos' 1, 2, -45 : 359.1, 15.0, 0.0
'EFos' 1, 2, -45 : 359.1, 15.0, 0.0
'DFos' 1, 2, -45 : 359.1, 15.0, 0.0
'CFos' 1, 2, -45 : 359.1, 15.0, 0.0
'BFos' 1, 2, -45 : 359.1, 15.0, 0.0
'AFos' 1, 2, -45 : 359.1, 15.0, 0.0
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'AbdWallRetractor' -1480, 380, -1537 : 0.0, 0.0, 0.0
'AbdWallHit' 0, -65, 207 : 0.0, 0.0, 0.0
'AbdWallBlade' 0, -62, 195 : 90.0, 359.7, 0.0
'AbdWallRetractorHome' 0, 0, 0 : 0.0, 0.0, 0.0
'HarringtonGrab' -565, -319, -1116 : 169.0, 326.6, 358.6
'Harrington' -250, 265, -156 : 108.8, 0.0, 180.7
'HarLiverHit' -24, -144, 250 : 180.0, 0.0, 0.0
'HarringtonHome' -512, -147, -1020 : 129.6, 0.0, 0.0
'HarringtonBlade' 0, -62, 195 : 90.0, 359.7, 0.0
'HarringtonEnd' 70, -58, 0 : 90.0, 0.0, 0.0
'HarringtonVars' 0, 80, 0 : 0.0, 0.0, 0.0
'BovieGrab' -1140, 383, -1298 : 0.0, 0.0, 0.0
'Bovie' 0, 32, -280 : 180.0, 0.0, 0.0
'ButtonOn' 0, -28, -151 : 315.0, 270.0, 314.9
'ButtonOff' 0, 0, 0 : 0.0, 0.0, 0.0
'ButtonHit' 0, 0, 0 : 0.0, 0.0, 0.0
'BovieHome' 7, -35, -281 : 0.0, 0.0, 0.0
'Bovieshaft' 0, 0, 0 : 0.0, 0.0, 0.0
'BovieEnd' -2, 0, 453 : 225.0, 90.0, 135.0
'BovieVars' 0, 80, 0 : 0.0, 0.0, 0.0
'ScissorGrab' -1328, 384, -1496 : 0.0, 0.0, 0.0
'Scissor' -40, 40, -200 : 0.0, 270.0, 0.0
'ScissorFlare' 67, 0, 0 : 180.0, 0.0, 350.0
'ScissorEnd' 18, 228, 0 : 0.0, 0.0, 0.0
'ScissorHome' 32, -199, -44 : 0.0, 0.0, 0.0
'ScissorVars' 0, 80, 0 : 0.0, 0.0, 0.0
'ScalpelGrab' 792, 379, -1218 : 0.0, 0.0, 0.0
'Scalpel' 0, 40, -480 : 180.0, 0.0, 0.0
'ScalpelBlade' -22, 0, -4 : 270.0, 270.0, 270.0
'ScalpelEnd' 2, -156, 0 : 90.0, 0.0, 0.0
'ScalpelHome' 2, -39, -481 : 0.0, 0.0, 0.0
'ScalpelVars' 1, 80, 0 : 0.0, 0.0, 0.0
'KellyGrab' 1175, 380, -1212 : 0.0, 0.0, 0.0
'Kelly' 0, 40, -400 : 0.0, 270.0, 0.0
'KellyFlare' 5, 0, 0 : 180.0, 0.0, 335.0
'KellyEnd2' 4, 178, -26 : 90.0, 2.0, 0.0
'KellyFlare2' 8, 179, 19 : 270.0, 358.0, 0.0
'KellyHome' 5, -395, -40 : 0.0, 0.0, 0.0
'KellyEnd' 0, 218, 43 : 0.0, 0.0, 0.0

```
'KellyVars' 0, 80, 0 : 0.0, 0.0, 0.0
'ForcepGrab' 1518, 371, -1227 : 0.0, 0.0, 0.0
'Forcep' 0, 40, 0 : 0.0, 0.0, 270.0
'ForcepEnd' 0, 0, -401 : 0.0, 0.0, 3.0
'ForcepFlare' 0, -7, 0 : 0.0, 353.0, 0.0
'ForcepFlare2' 0, 7, 0 : 0.0, 7.0, 0.0
'ForcepHome' 31, 2, 0 : 0.0, 0.0, 0.0
'ForcepVars' 1, 80, 0 : 0.0, 0.0, 0.0
'ClipApGrab' 1852, 336, -1156 : 0.0, 0.0, 0.0
'ClipApplierEnd' 0, 32, -550 : 270.0, 89.9, 270.0
'ClipApplier' 0, 32, -128 : 270.0, 270.0, 0.0
'ClipShaft' 16, 0, 0 : 90.0, 0.0, 270.0
'ClipLeftFlare' 80, 16, -2 : 180.0, 0.0, 90.0
'ClipRightFlare' 80, -16, -2 : 0.0, 0.0, 280.0
'ClipApHome' -127, 2, -28 : 0.0, 0.0, 270.0
'ClipAp?' -80, 0, 0 : 0.0, 0.0, 90.0
'ClipApVars' 1, 80, 0 : 0.0, 0.0, 0.0
'RAGrab' 2240, 380, -1177 : 0.0, 0.0, 0.0
'RAClamp' 420, 120, -250 : 0.0, 270.0, 0.0
'RAFlare' 0, 0, 0 : 180.0, 0.0, 350.0
'RAEnd' 4, 240, -20 : 270.0, 0.0, 0.0
'RAEnd2' 4, 240, 20 : 90.0, 0.0, 0.0
'RAClamphome' -420, -250, -120 : 0.0, 0.0, 0.0
'RAVars' 0, 80, 0 : 0.0, 0.0, 0.0
'lampgrab' 1280, -1520, -1789 : 226.8, 66.4, 249.7
'lamp' 0, 0, 570 : 0.0, 0.0, 90.0
'LightKnob' -708, 0, -188 : 56.1, 0.0, 75.3
'Object196' 58, 0, 145 : 0.0, 0.0, 90.1
'bulb' 0, 0, 0 : 0.0, 180.0, 0.0
'lampgrab2' -850, 698, -1031 : 122.1, 293.7, 256.1
'lamp2' 0, 0, 570 : 0.0, 0.0, 90.0
'LightKnob2' -808, 0, -207 : 61.8, 0.0, 16.9
'Object200' 58, 0, 145 : 0.0, 0.0, 90.1
'bulb2' 0, 0, 0 : 0.0, 180.0, 0.0
'LSloppyTool' 80, 80, 0 : 0.0, 0.0, 0.0
'LObjCenter' -66, -245, -542 : 276.2, 38.2, 14.1
'LObjTEnd' 56, -94, -47 : 263.9, 87.4, 0.0
'LObjTGrab' -1, -1, 578 : 6.4, 359.7, 84.1
'LVirtToolGrab' -498, -755, -849 : 113.4, 25.4, 47.1
'LVirtToolEnd' -3, 66, -576 : 105.4, 21.6, 68.0
```



```
0 _light1 1 0.000000 0.000000 0.000000 1.000000 1.000000 1.000000
0.000000 0.000000 0.000000 -0.676514 -0.417236 0.606934 0.000000 90.000000

5 spot 1 bulb 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000
0.000000 0.000000 -1.000000 0.000000 90.000000

5 spot2 1 bulb2 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000
0.000000 0.000000 -1.000000 0.000000 90.000000

6 WestWall 1 textures/pSideWall.rgb 12400.000000 7000.000000 660.000000
0.000000 1.000000 0.000000 -420.000000 0.000000 0.000000 -1.000000 0.000000

6 EastWall 1 textures/sClockWall.rgb 10400.000000 7800.000488 660.000000
0.000000 1.000000 0.000000 -2400.000000 0.000000 0.000000 -1.000000 -
120.000000

6 Floor 1 textures/Floor.rgb 400.000000 400.000000 400.000000 1.000000
0.000000 0.000000 0.000000 0.000000 1.000000 1.000000 0.000000

6 NorthWall 1 textures/pBackWall.rgb 12800.000000 8400.000000 660.000000
0.000000 1.000000 0.000000 0.000000 0.000000 0.000000 -1.000000 240.000000

6 Drape 1 textures/Drape.rgb 1500.000000 1500.000000 1500.000000 1.000000
0.000000 0.000000 0.000000 0.000000 1.000000 1.000000 0.000000

6 FatLayer1 1 textures/sFat.rgb 300.000000 300.000000 300.000000 -0.880000
1.000000 0.580000 0.000000 0.588000 0.000000 0.809000 0.000000

6 HepGastLig 1 textures/HepLig.rgb 400.000000 400.000000 400.000000 -
0.760000 -1.000000 1.000000 0.000000 0.620000 -1.000000 0.000000 0.360000

6 skinR 1 textures/Belly.rgb 640.000000 800.000000 660.000000 -1.000000
0.000000 -1.000000 -105.000000 0.000000 1.000000 0.000000 -300.000000

6 skinL 1 textures/Belly.rgb 1019.999939 980.000061 660.000000 1.000000
0.000000 -1.000000 36.000000 0.000000 1.000000 0.000000 1620.000000

6 Stomach 1 textures/Stomach.rgb 50.000000 50.000000 50.000000 -0.300000 -
0.580000 0.380000 -7.200000 0.000000 1.000000 0.500000 -30.000000
```

6 Duct 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 CommonDuct 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DCut 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DCutB 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DCutA 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 Whole 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DWholeFlat 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DuctAnchor 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DuctPull 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DWholeBent 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DClipGrab2 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 CysticClip2 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 CysticClip1 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0 000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 Pancreas 1 textures/Pancreas.rgb 3.000000 3.000000 3.000000 0.283000
0.262000 0.922000 1.400000 -0.021000 0.680000 0.733000 1.200000

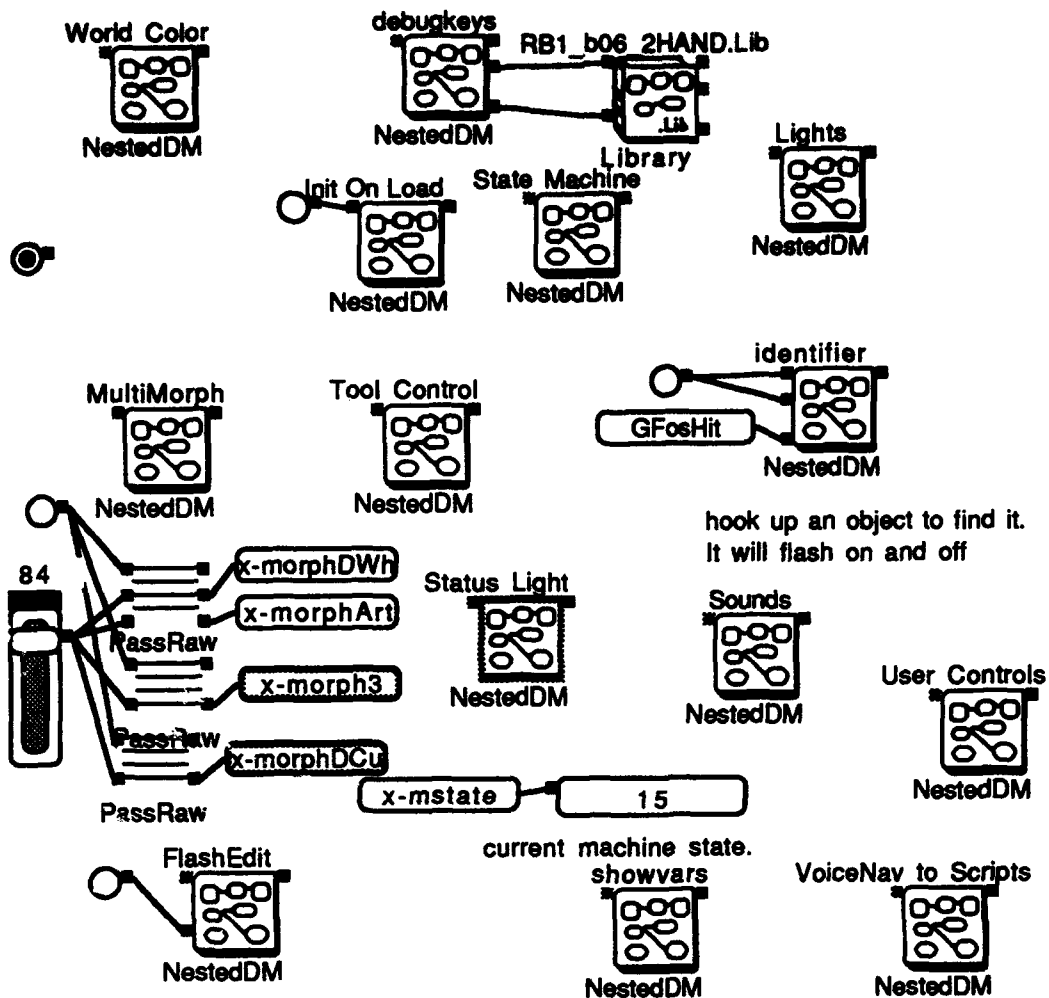
6 LiverRotate 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

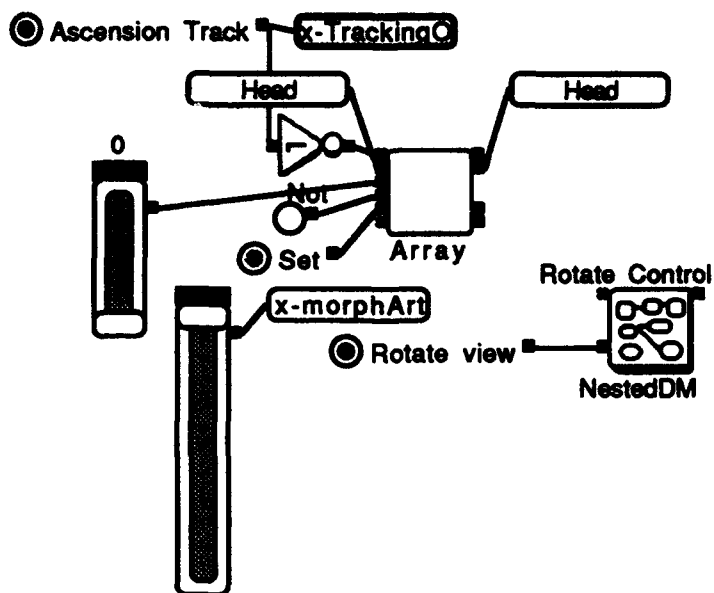
6 gallbladder 1 textures/GB.rgb 150.000000 150.000000 150.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

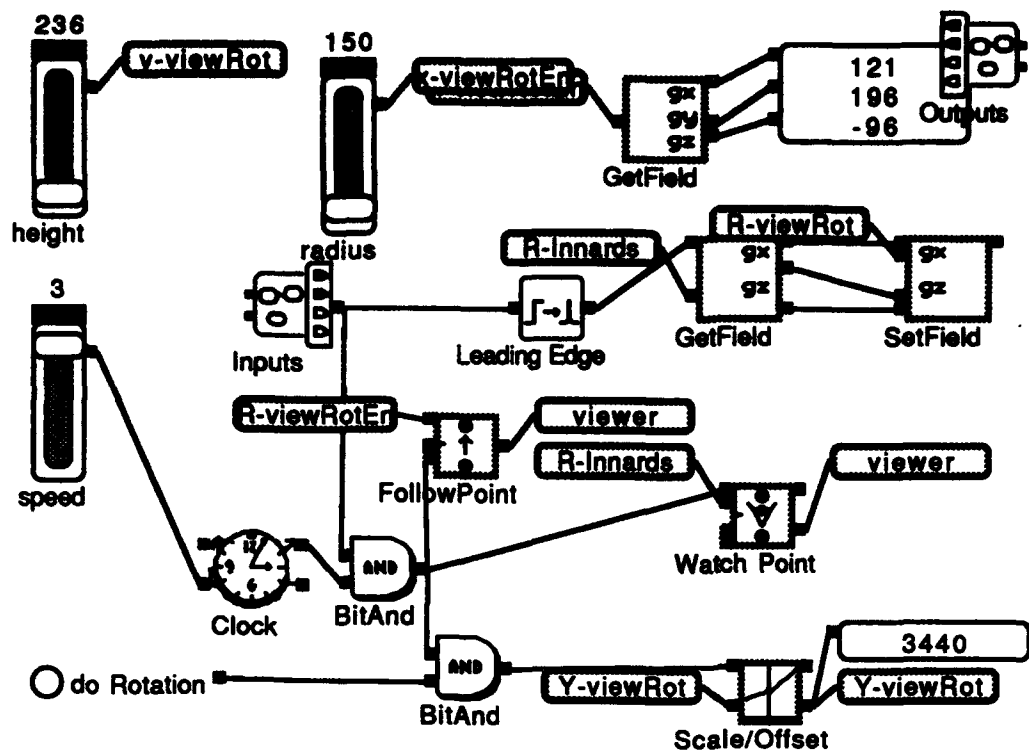
6 BallBladder 1 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

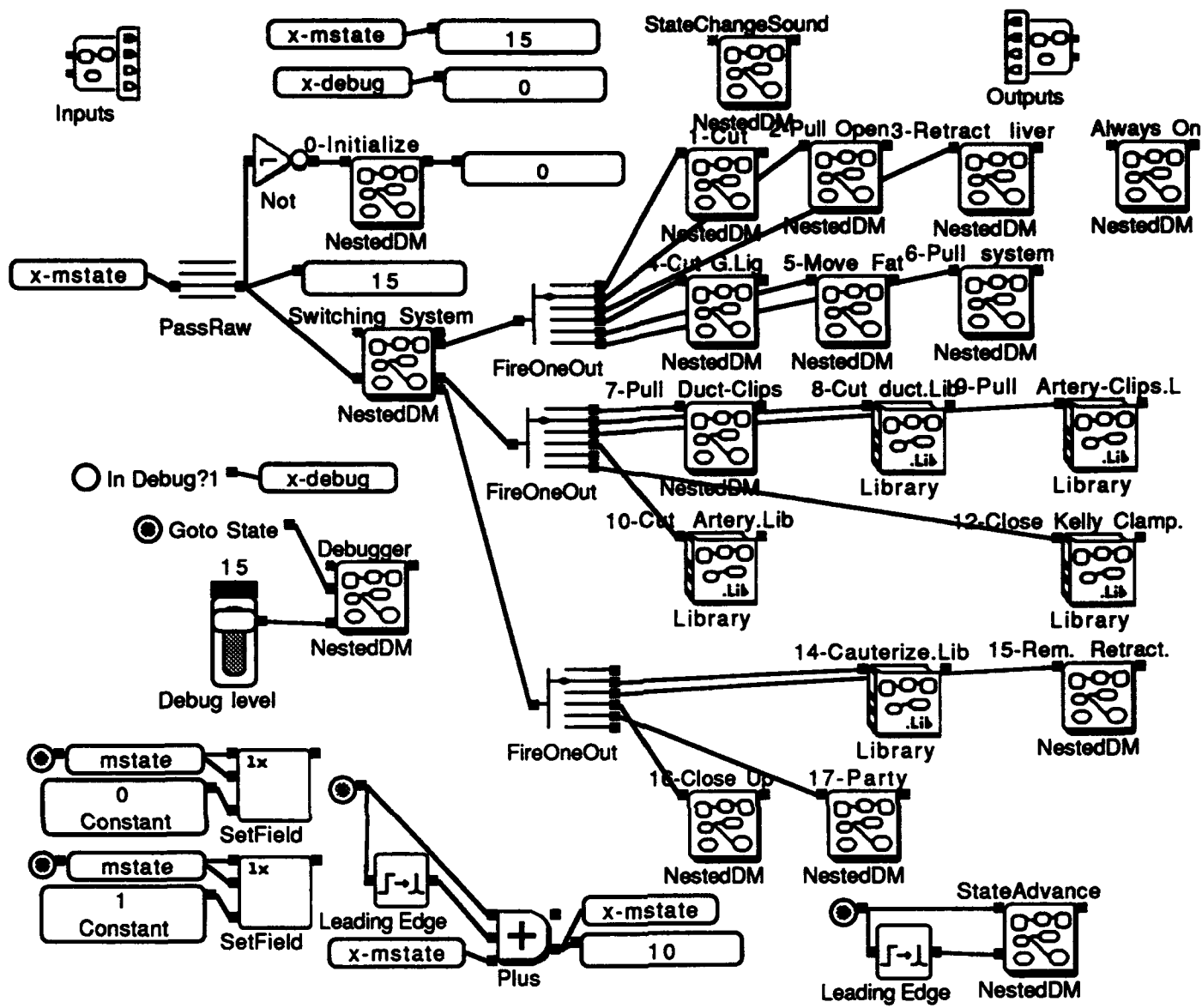
6 Liver 1 textures/Liver.rgb 75.000000 75.000000 75.000000 0.951000
0.149000 -0.271000 -2.400000 0.588000 0.000000 0.809000 0.000000

8 1.000000 0.000000 0.000000



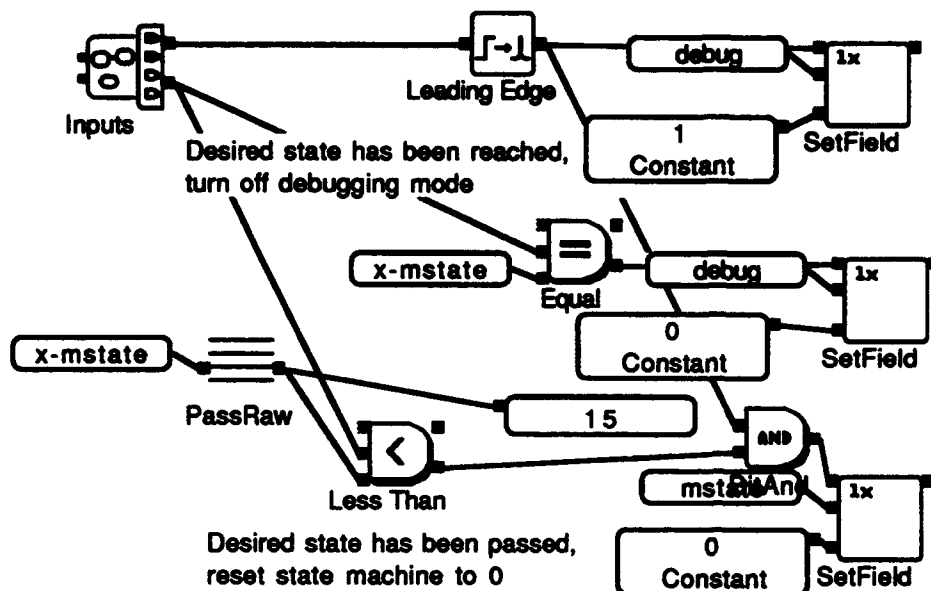


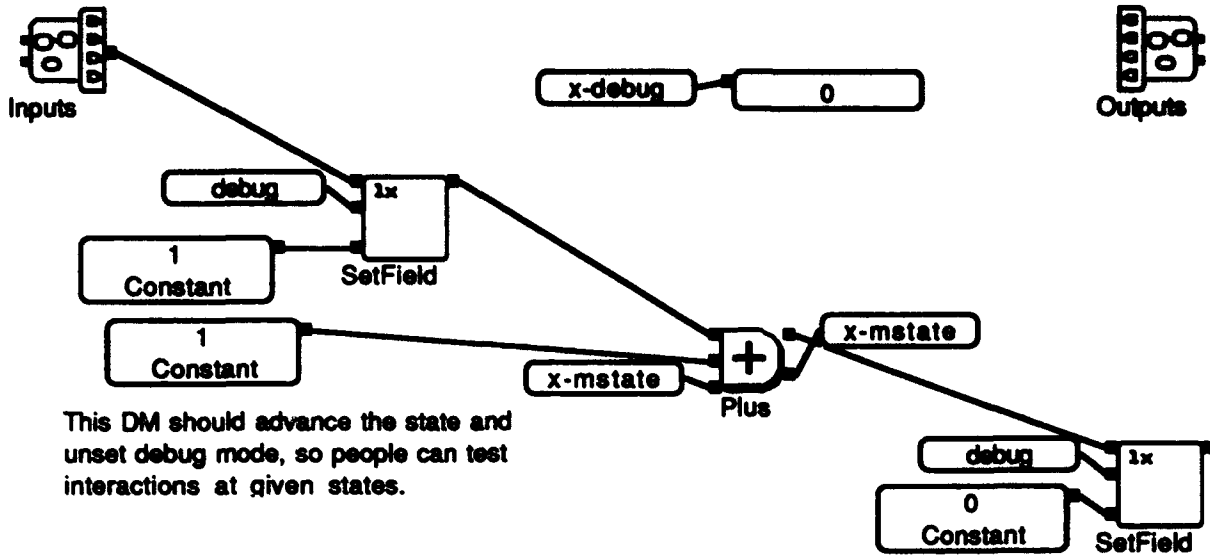




Debugger tool

Set slider to desired state,
Push button, and DM will advance
state machine to that state
automatically







Inputs

Make blood object move up slowly



z-Blood

Scale/Offset

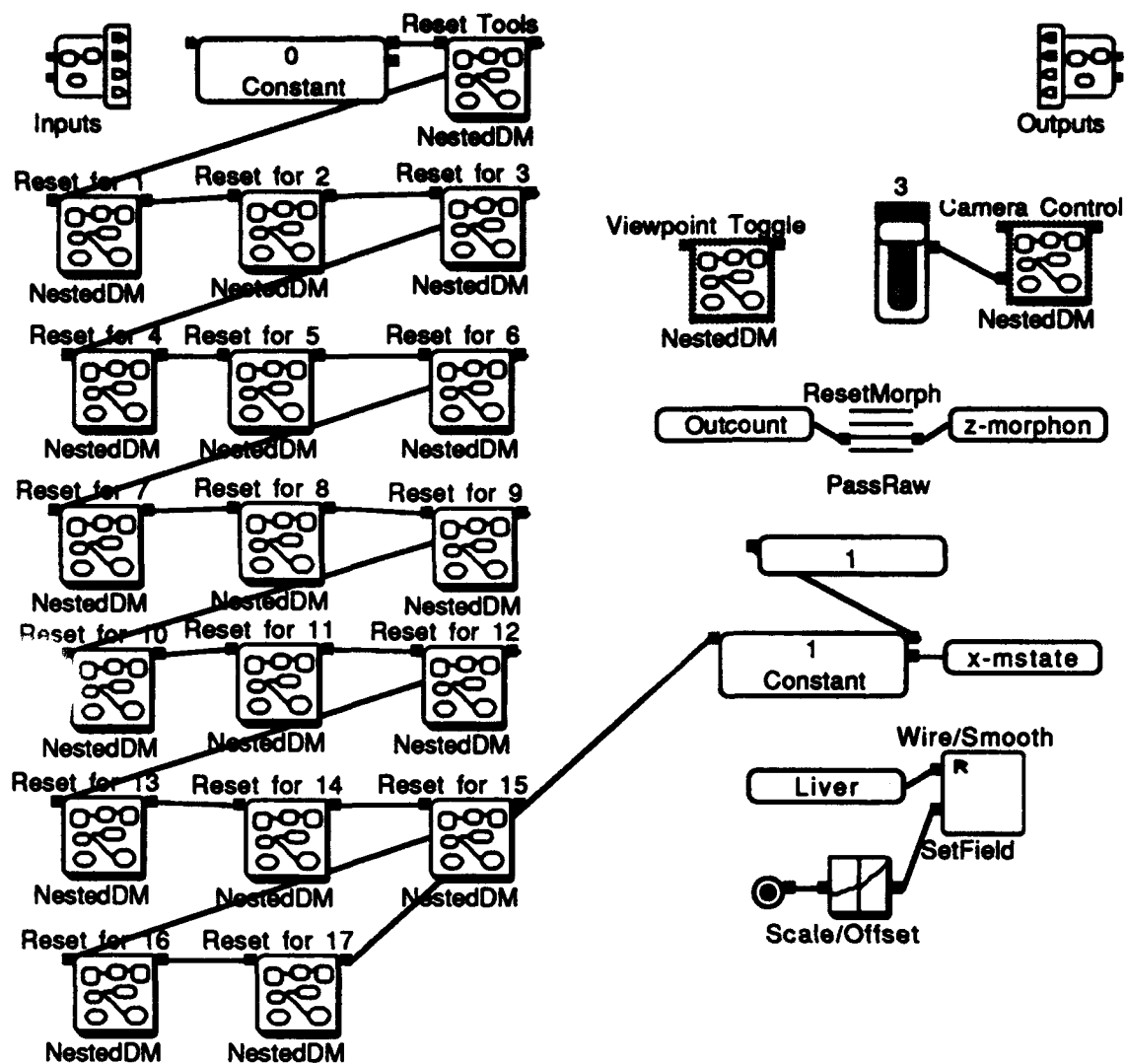
z-Blood

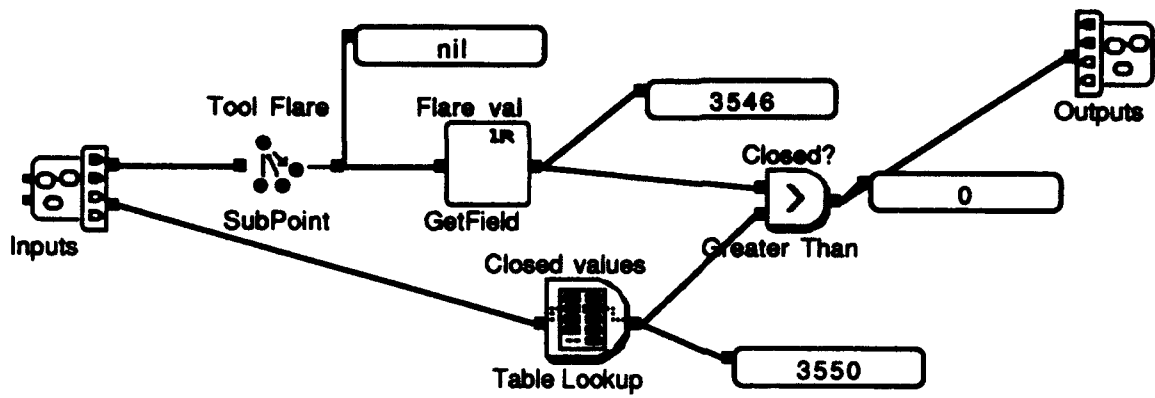
0
58

274

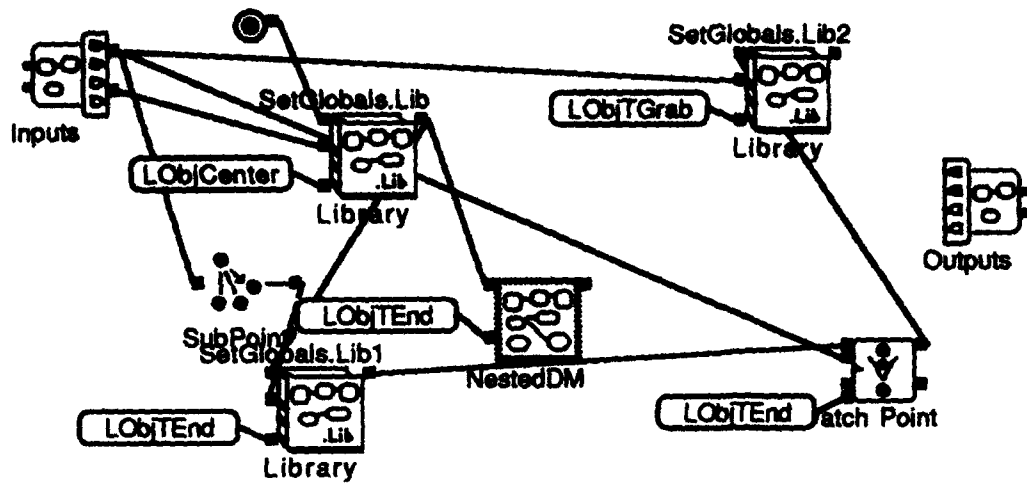


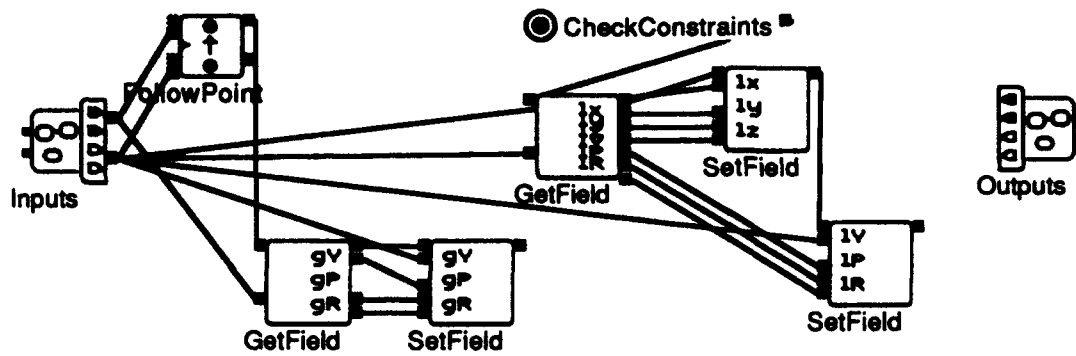
Outputs



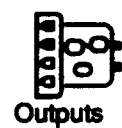
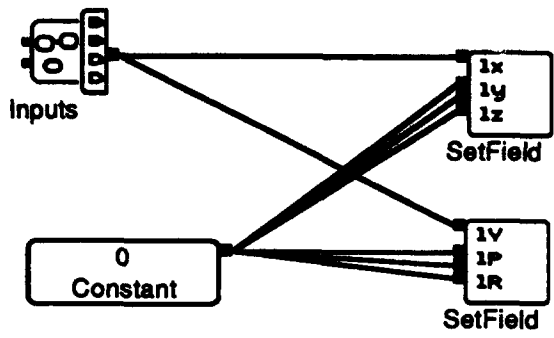


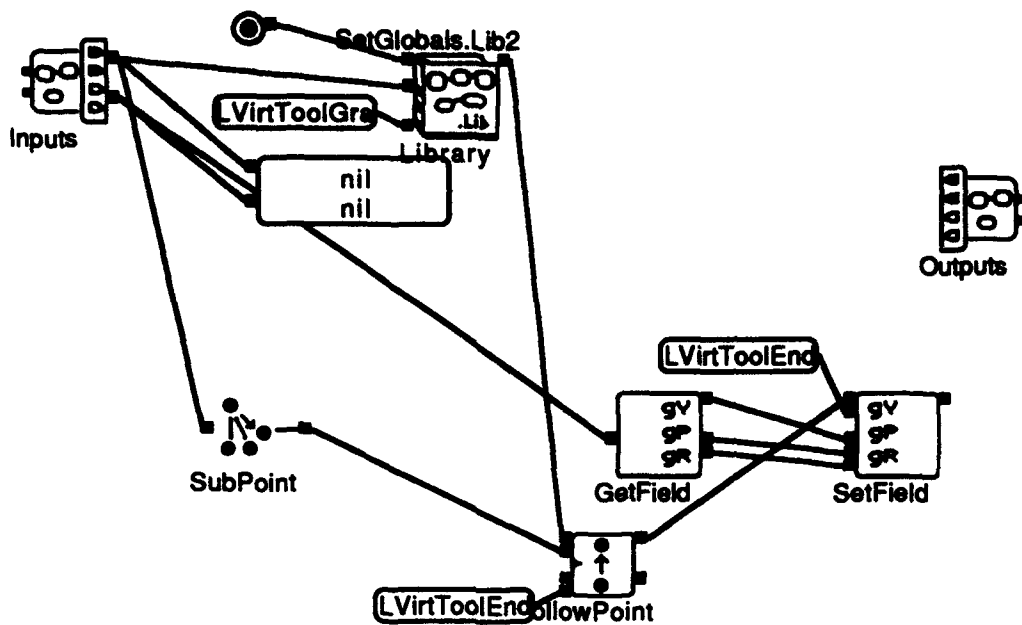


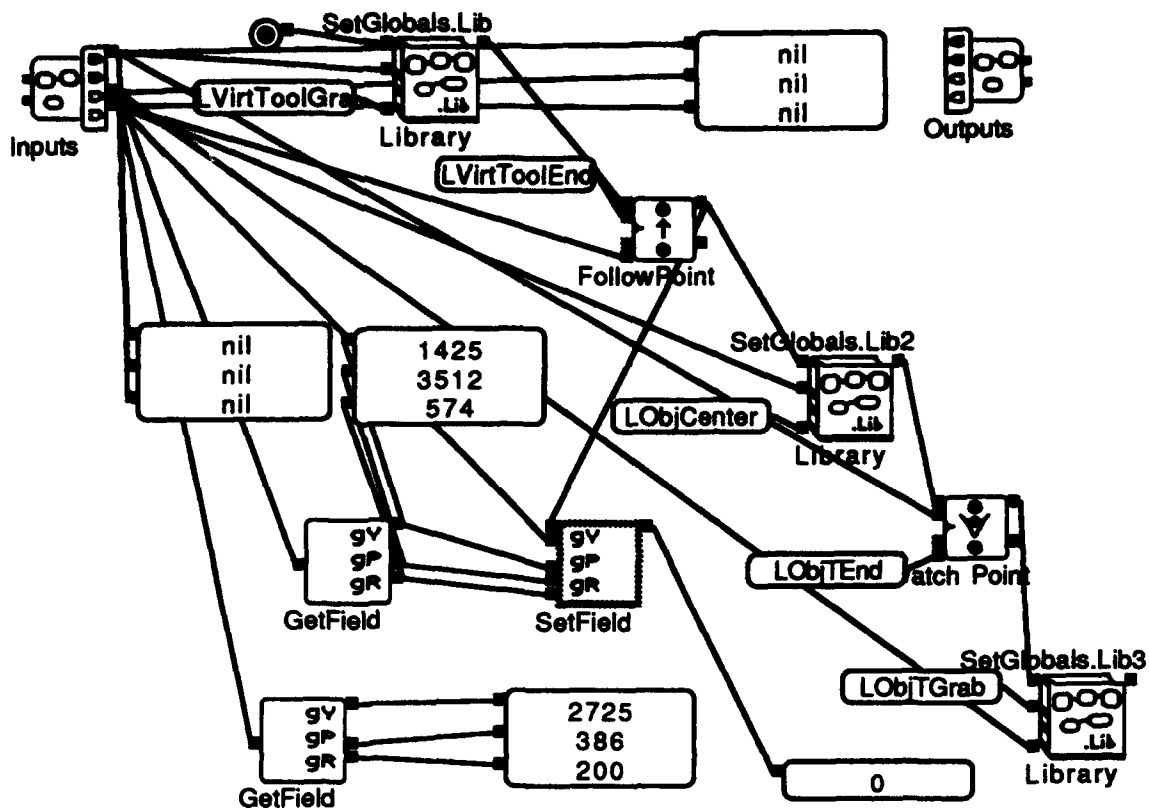


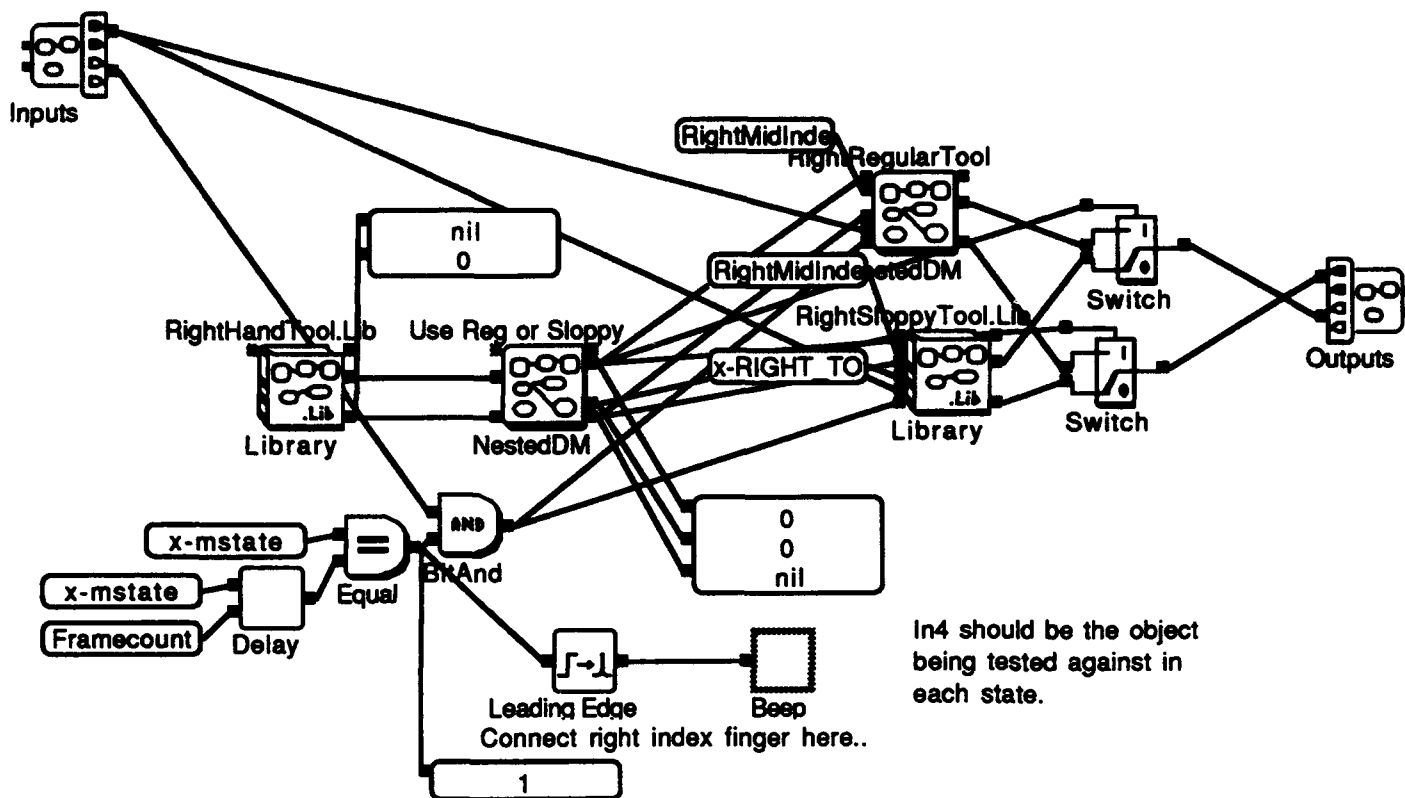


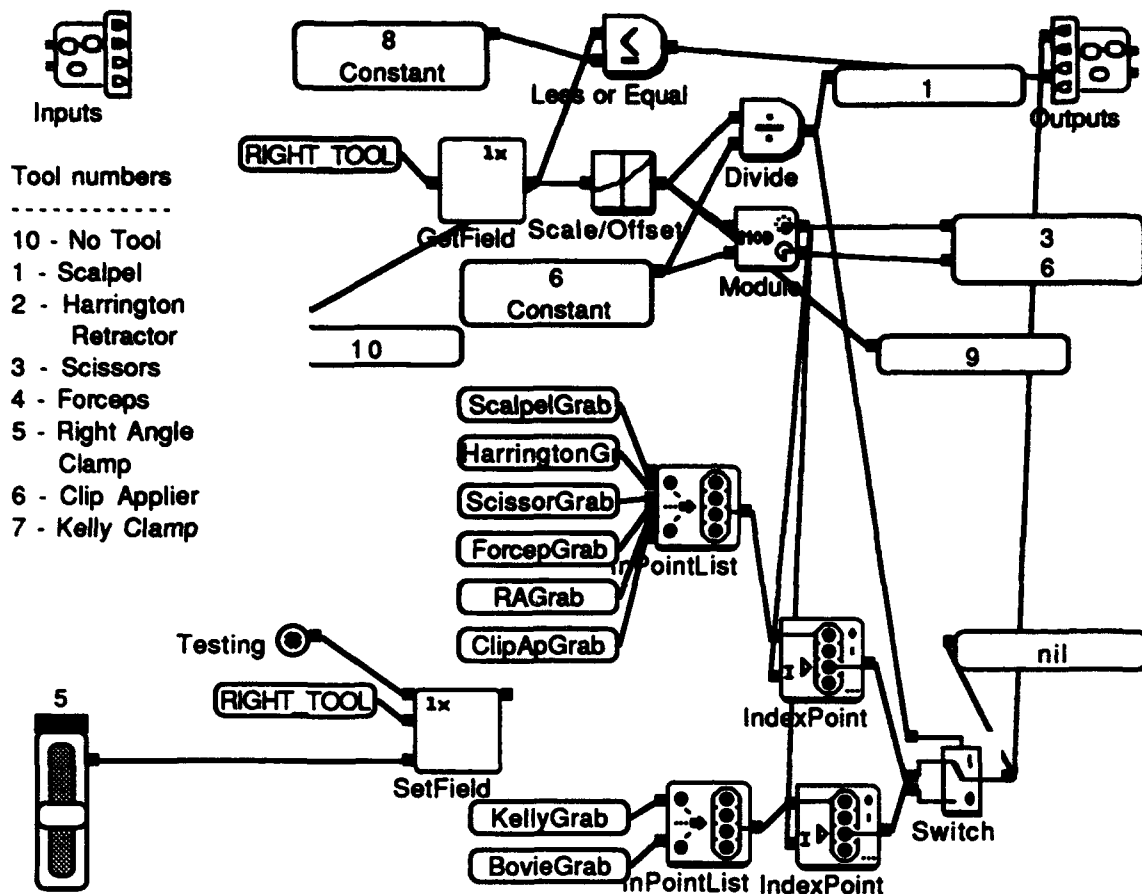
CLB - 4/23/94 - I replaced the global x,y,z setfield with a followpt because it is more accurate. I also added the local getfield -> setfield because global setfield doesn't check for constraints.





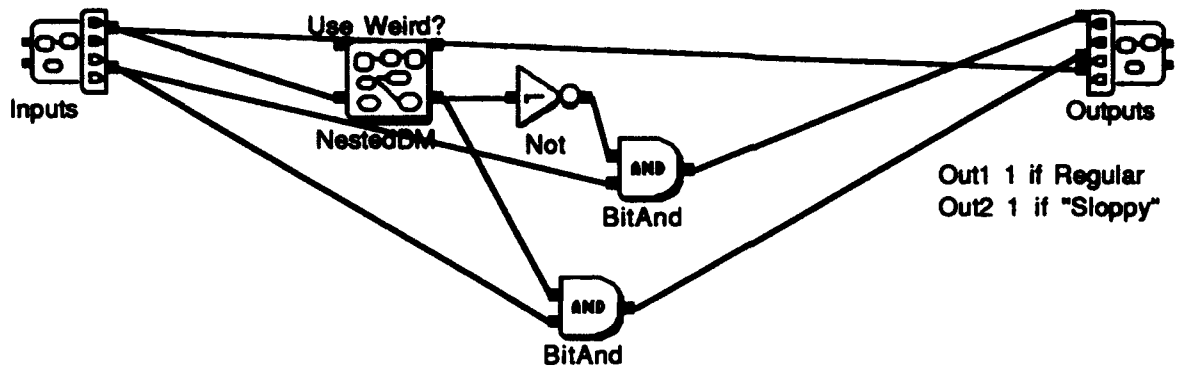


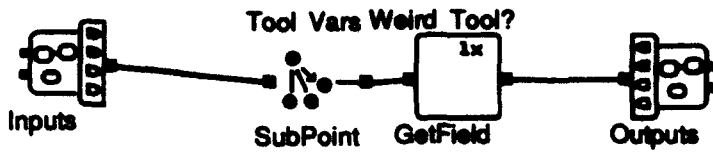




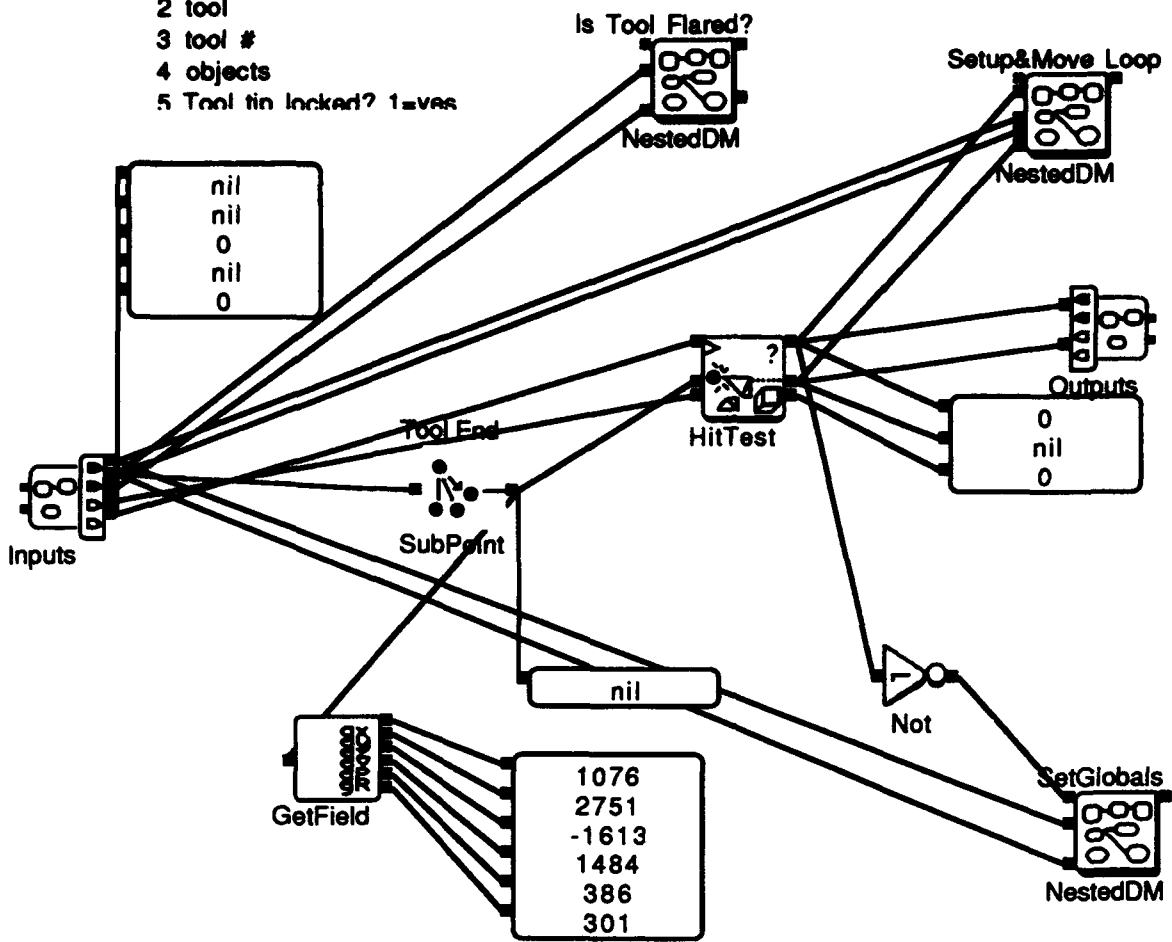
The point TOOL uses it's local x and y values for:
 x - Tool number in left hand
 y - Tool number in right hand

xol currently in right hand.
 a tool in the right hand?





- 1 hand
- 2 tool
- 3 tool #
- 4 objects
- 5 Tool tin locked? 1=vas



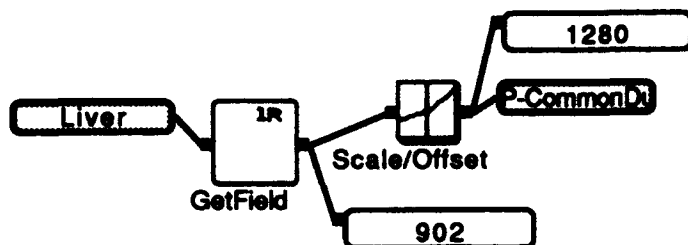


Inputs

The motion of the GallBladder is driven off of the Liver. The liver rotates between 0 and 750, while the CommonDuct (parent of GallBladder) needs to go from -54 to 1055. So the value coming from R-Liver is multiplied by 1.4788 and 54 is subtracted



Outputs





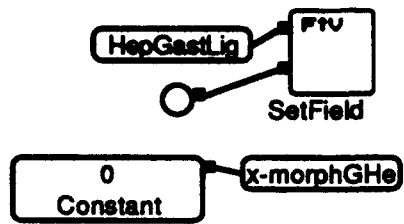


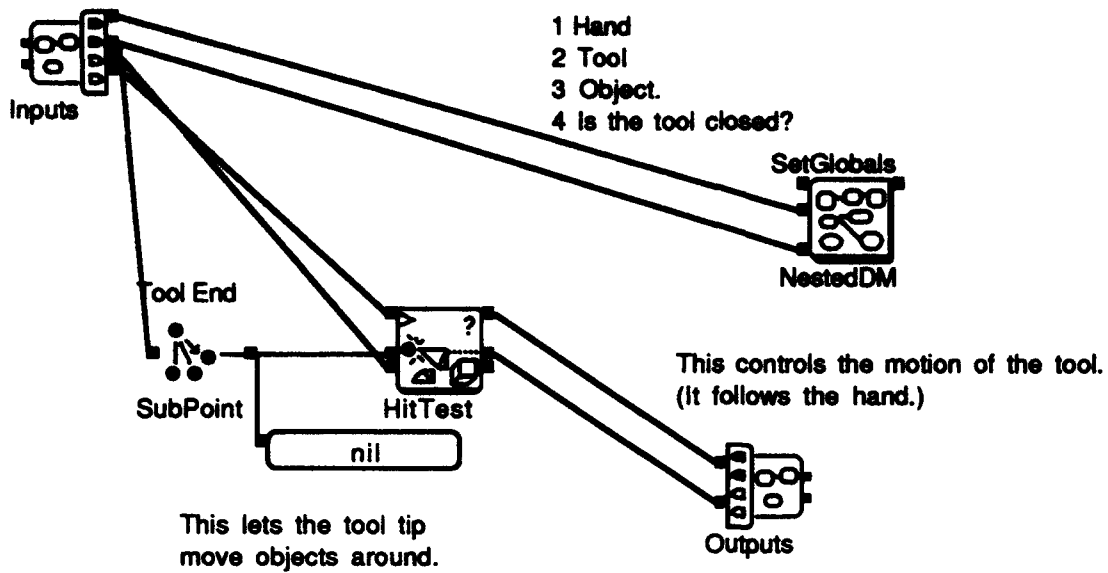
Inputs



Outputs









Inputs



Outputs

MoveForcep



NestcdDM

MoveScissors



NestcdDM

These are the wrong philosophy.
Instead of animating changes to the
model, we are just making changes
to the tree to make sure the model is
robust enough



Inputs

x-debug

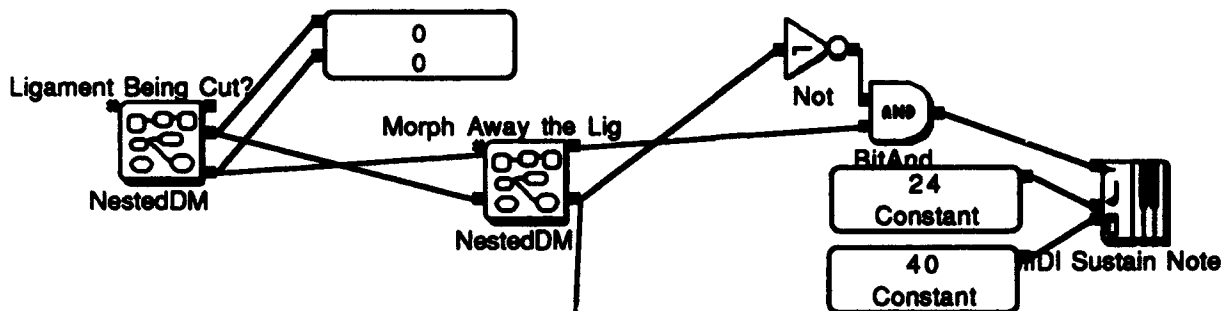
Surrogate User

NestedDM

When the scissors close on the
Hepatic ligament, turn it invisible.
When you leave the DM, the setfield
is turned off, so the ligament remains
invisible even after the scissors open



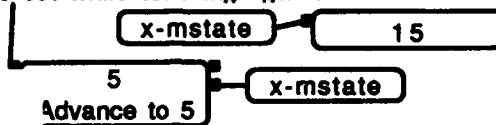
Outputs



Requirements:

Forceps grab ligament.

Scissors cut while touching ligament.



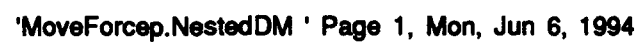
Synopsis:

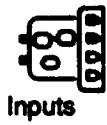
Surgeon gets scissors in right and

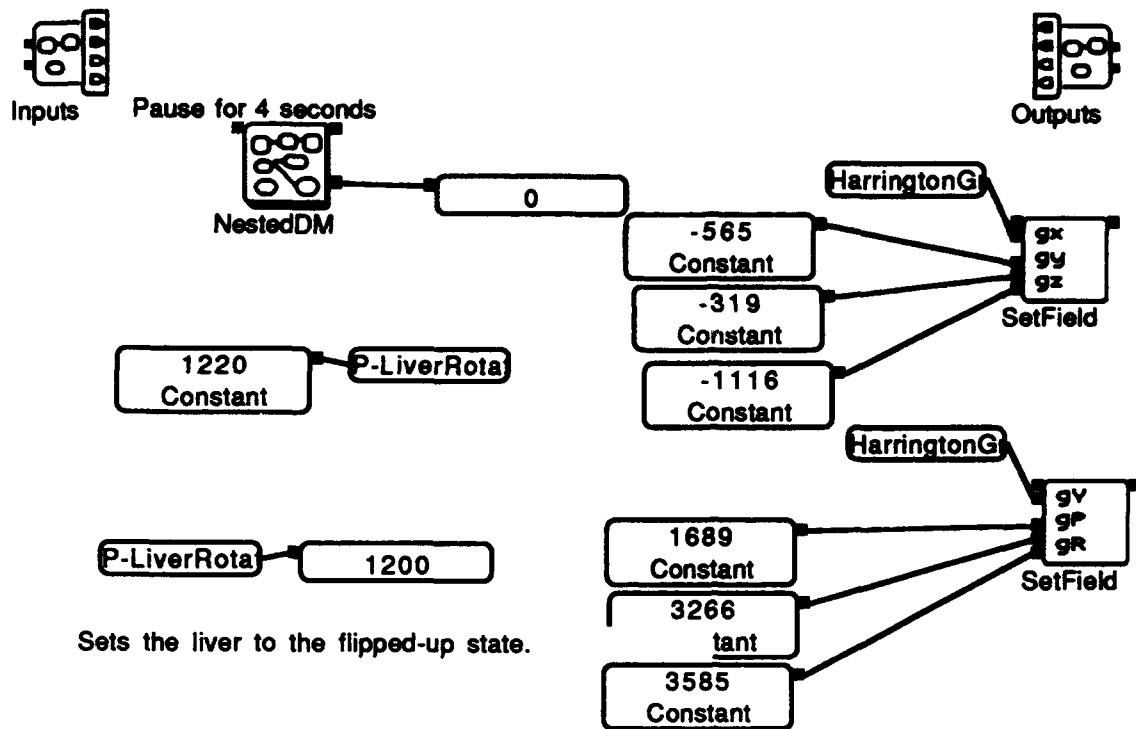
forceps in left.

Surgeon grabs ligament with forceps

and cuts with scissors.





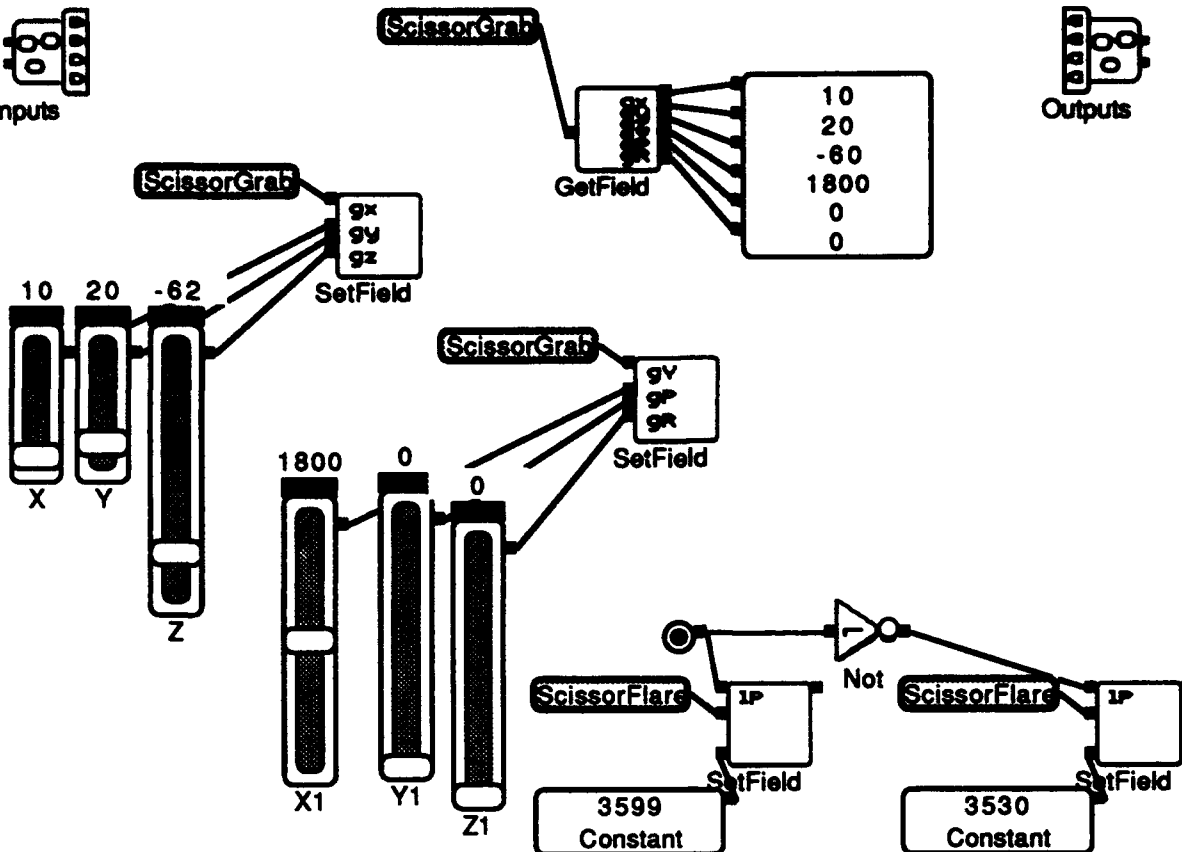


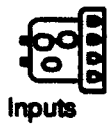


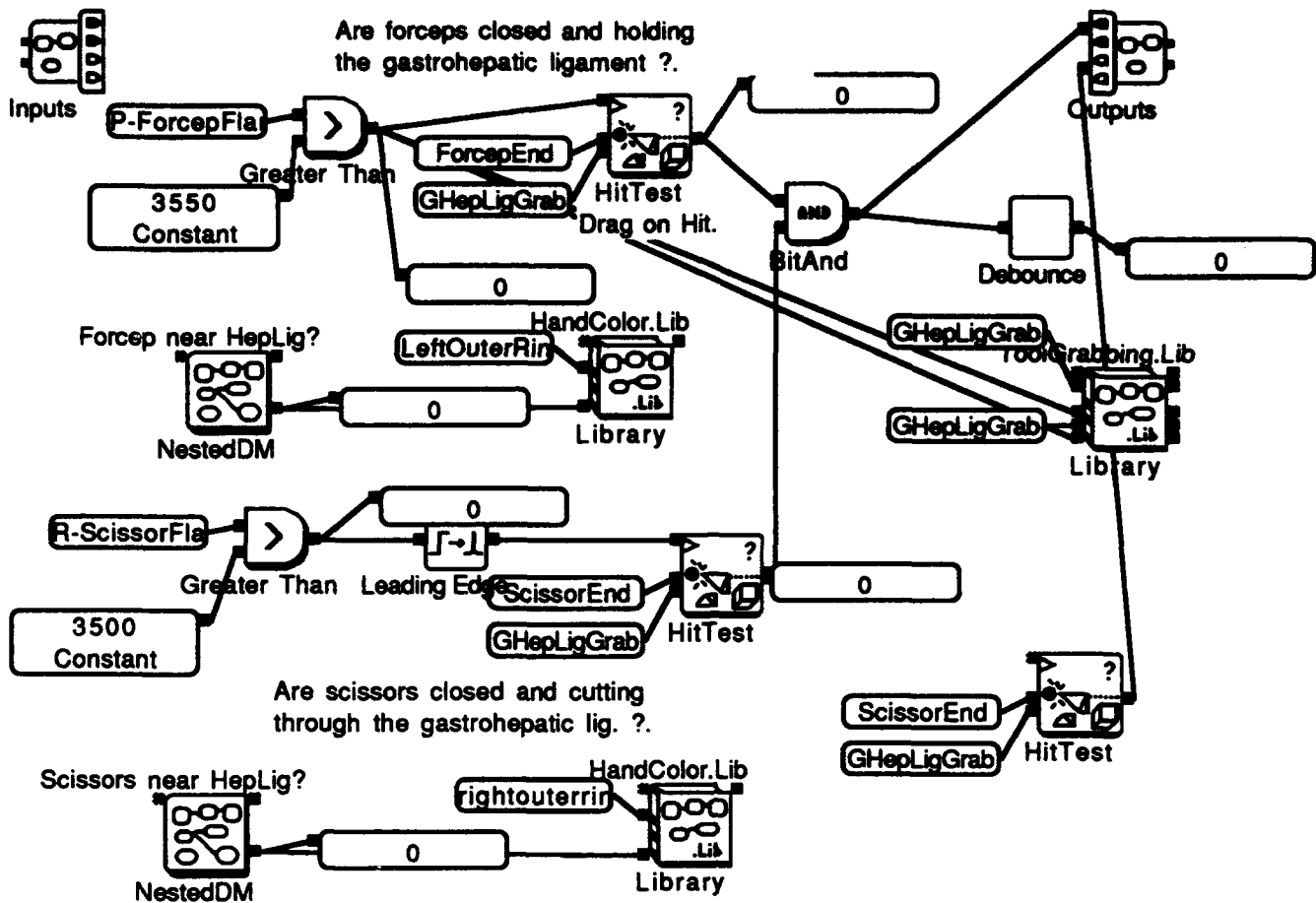
Inputs

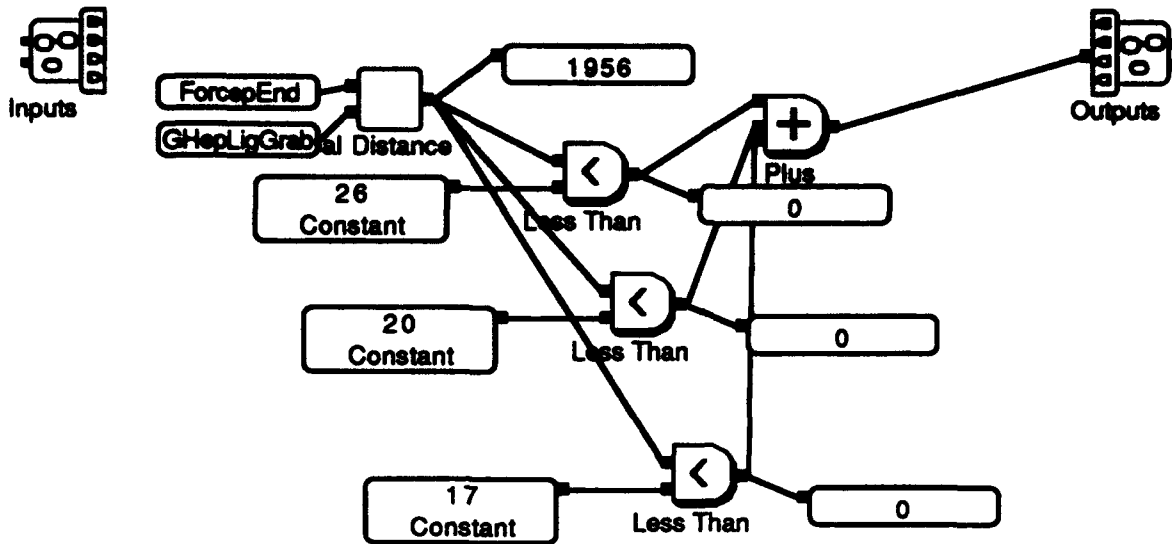


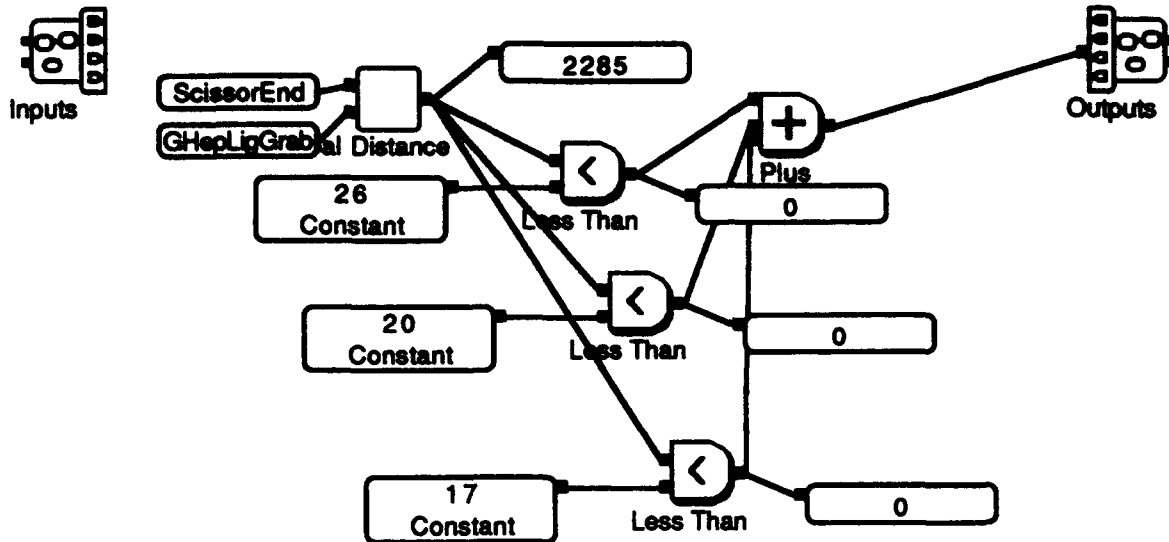
Outputs





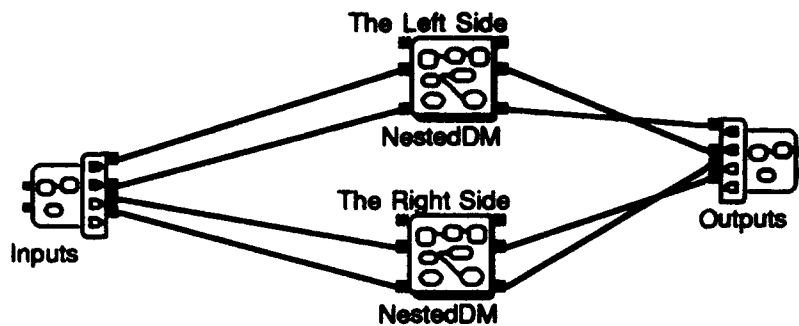






Inputs

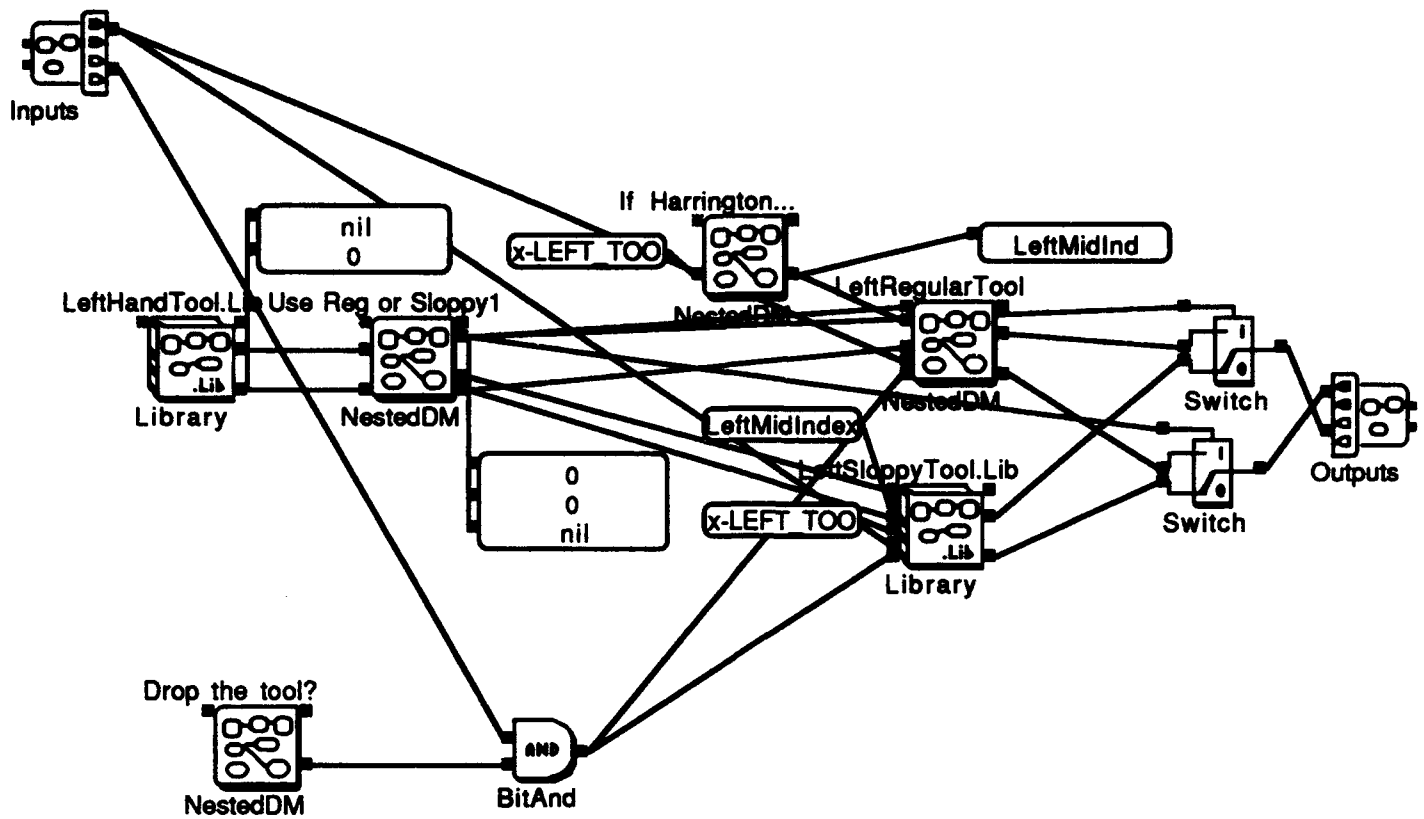
- 1 - Objects the Left tool can grab in this state
- 2 - Whether the Left tool should be able to grab right now
- 3 - Objects the Right tool can grab in this state
- 4 - Whether the Right tool should be able to grab right now

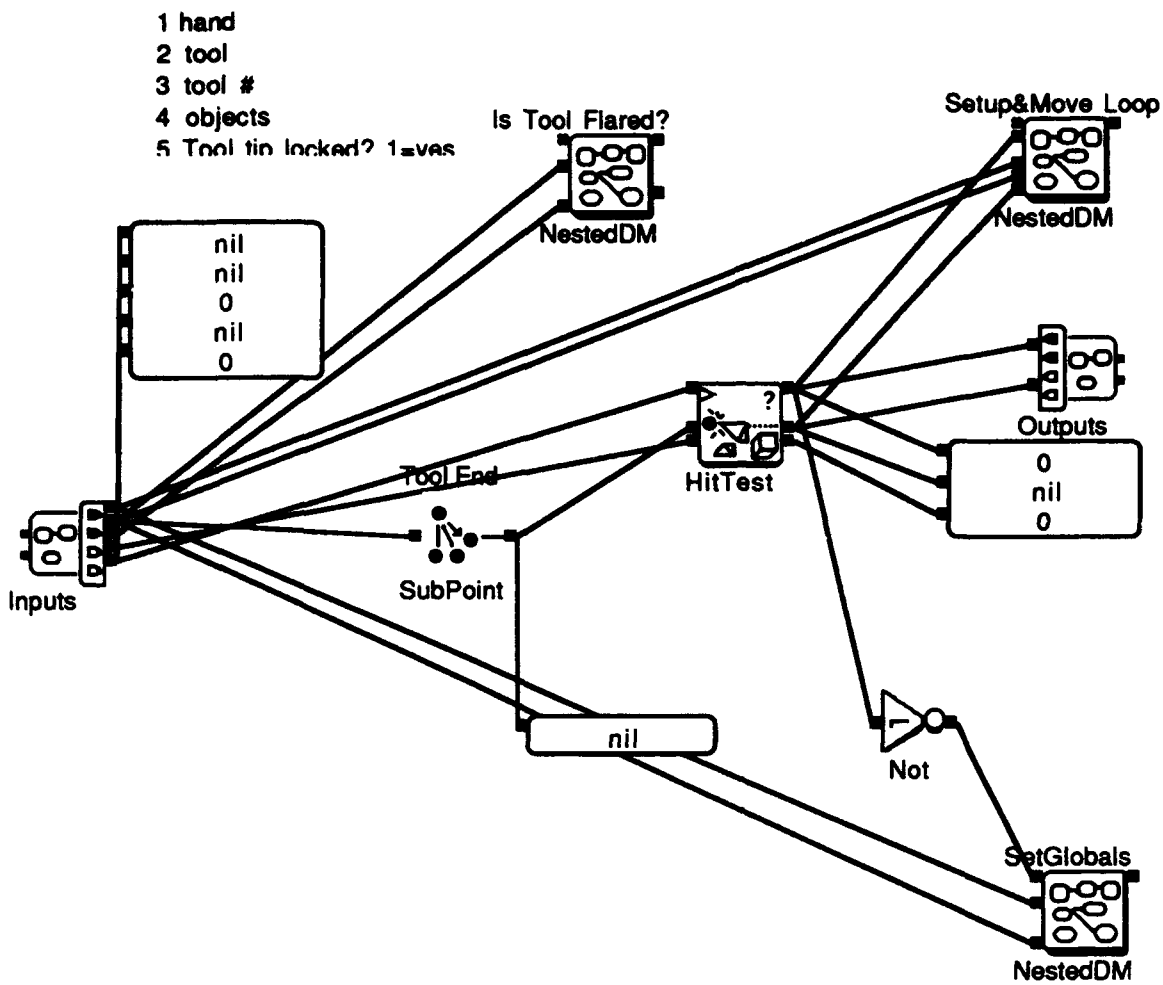


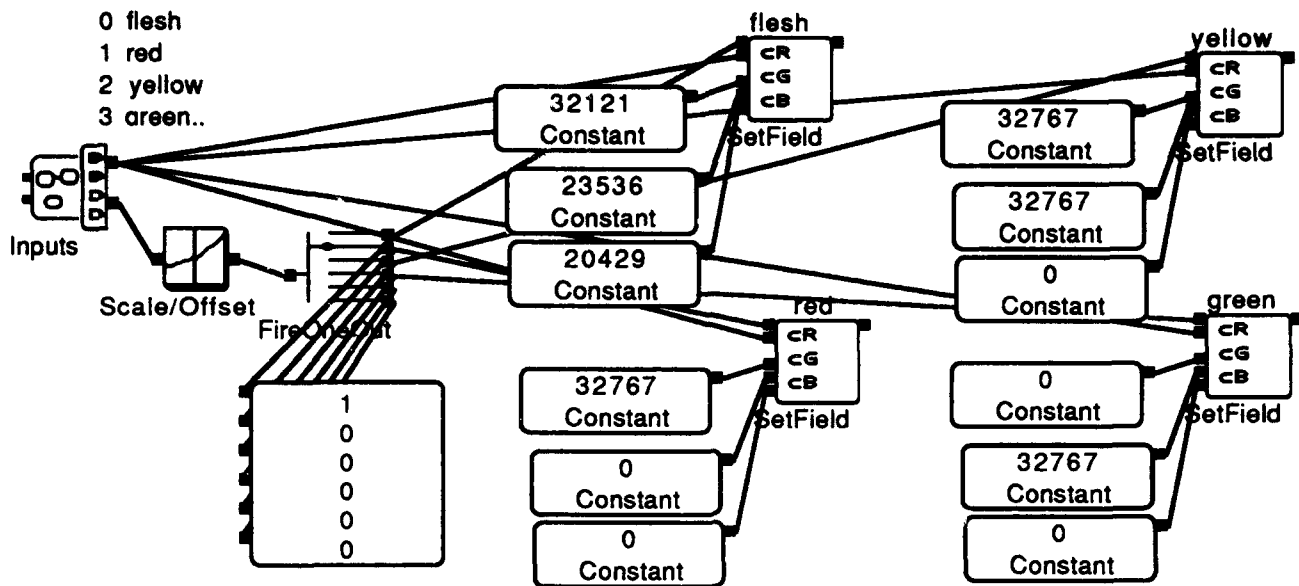
Outputs

- 1- If an object is being grabbed by the left tool
- 2- What object is being grabbed by the left tool
- 3- If an object is being grabbed by the right tool
- 4- What object is being grabbed by the right tool

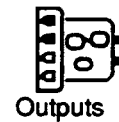
Makes the tools that are in each hand follow the index finger.

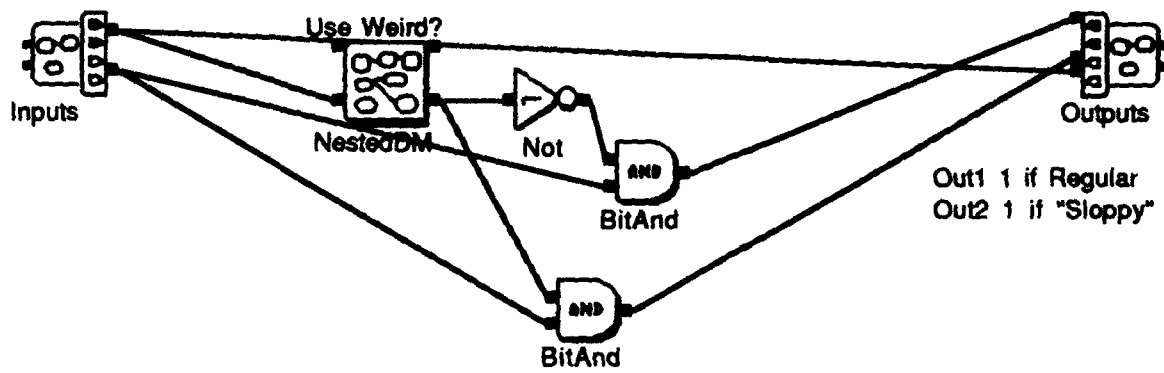


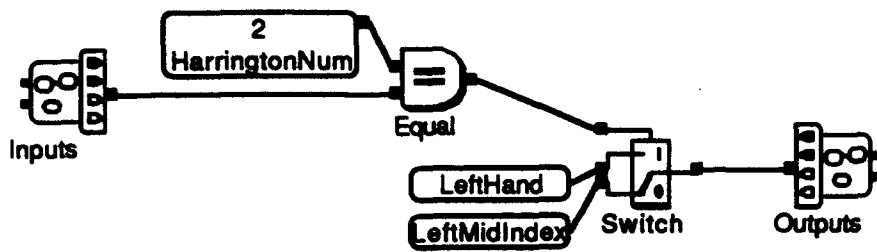


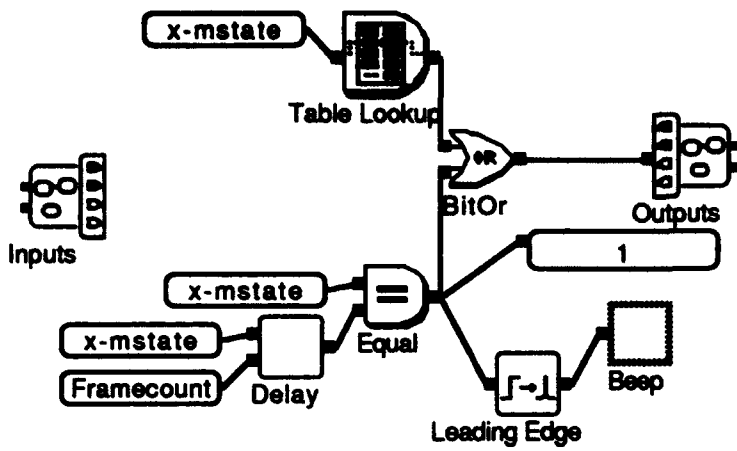


This DM provides feedback by changing the palm color from flesh to Green, Yellow, or Red.

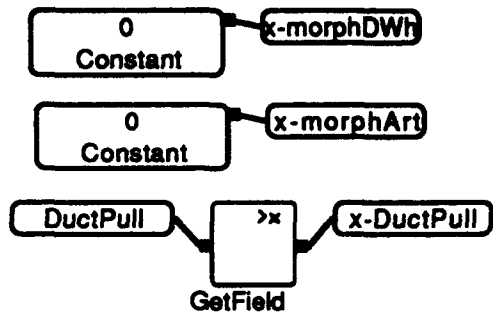
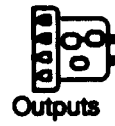
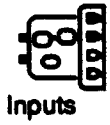


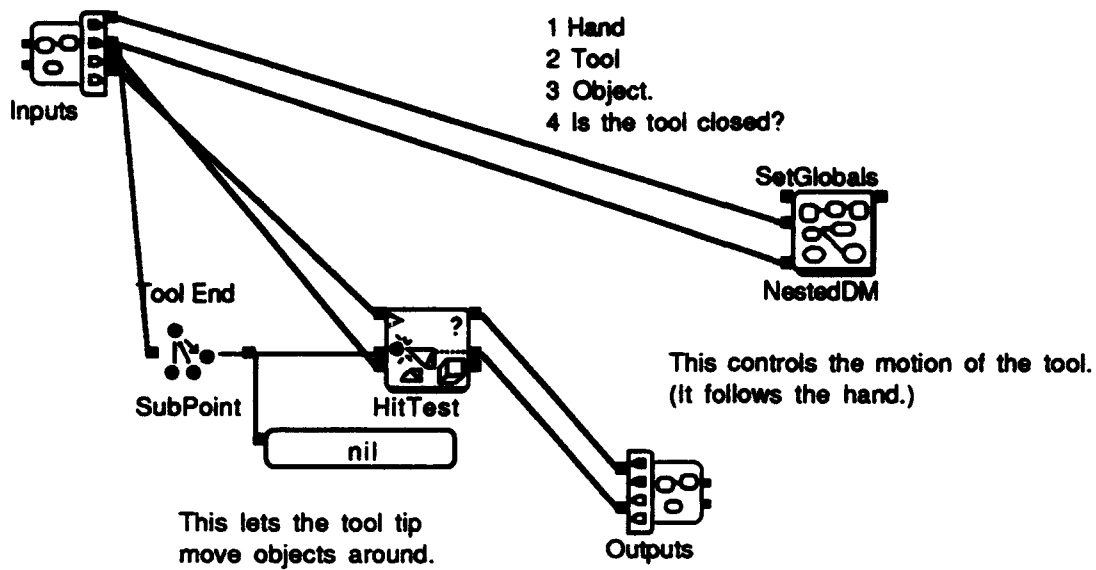




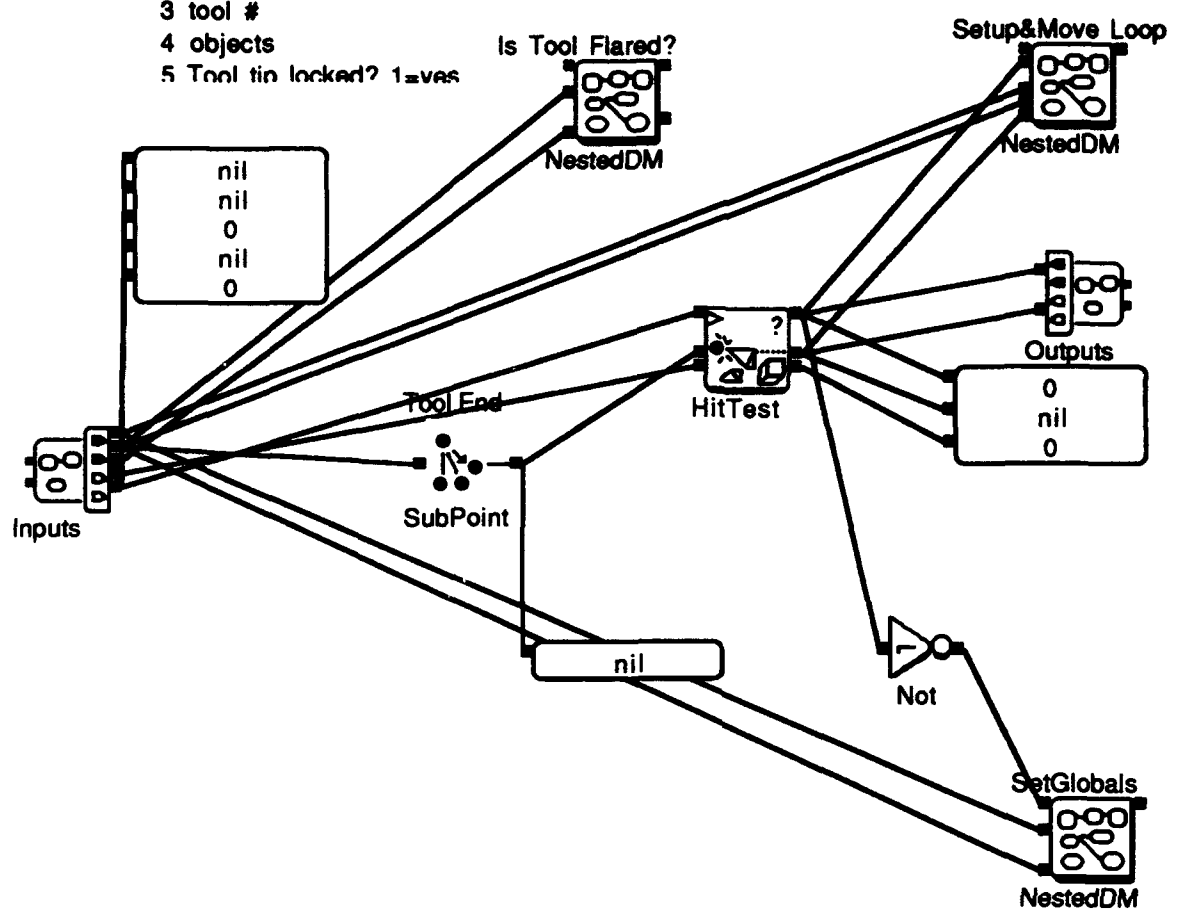


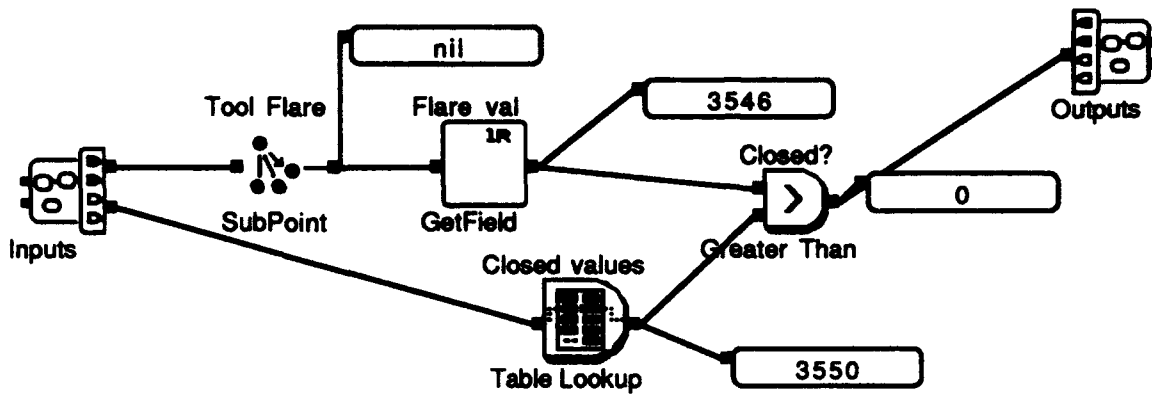
If the machine state changes and the new state isn't 8, 10, 14 then output a zero to make the existing tool/organ be dropped.

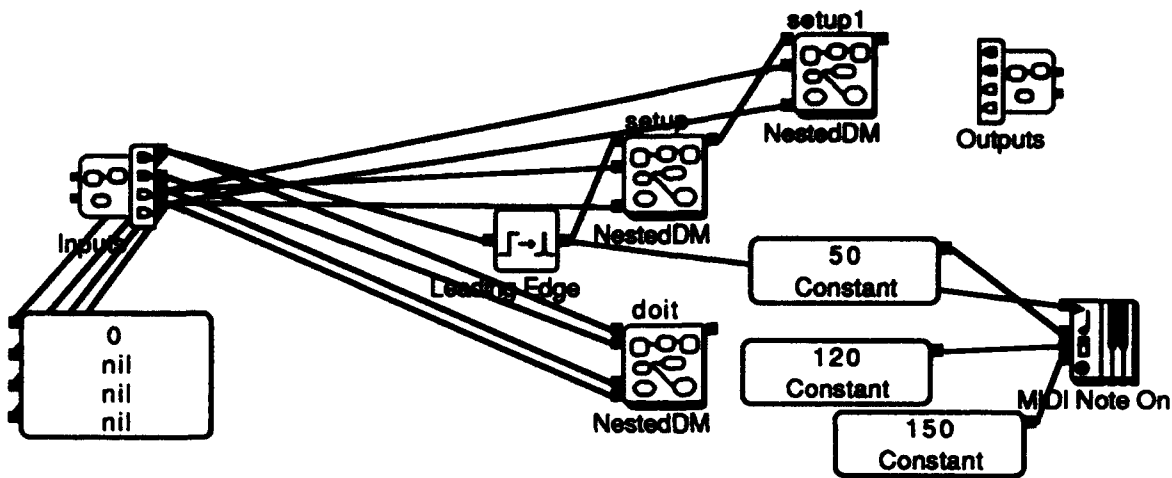


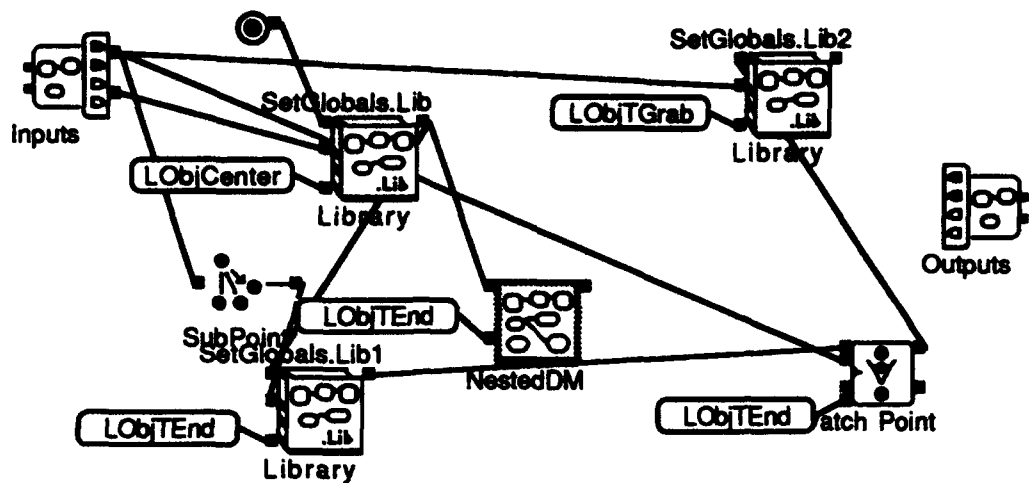


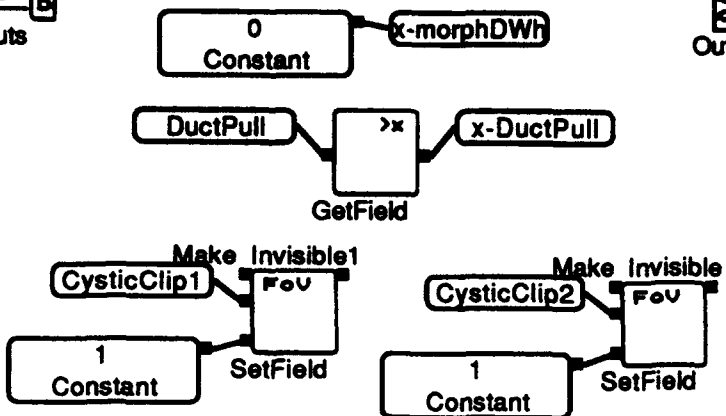
- 1 hand
- 2 tool
- 3 tool #
- 4 objects
- 5 Tool tin locked? 1=ves









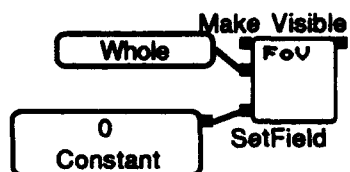
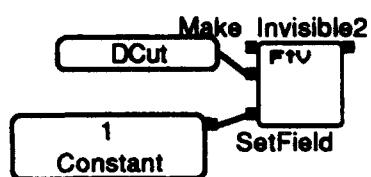


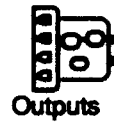
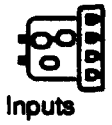


Inputs

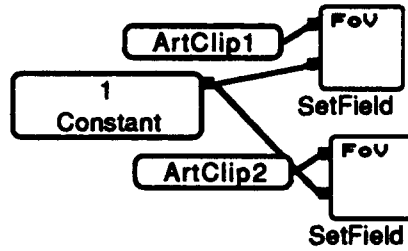


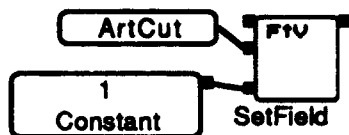
Outputs



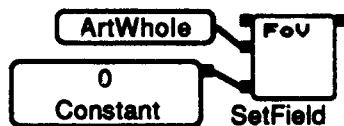


Make clips invisible.

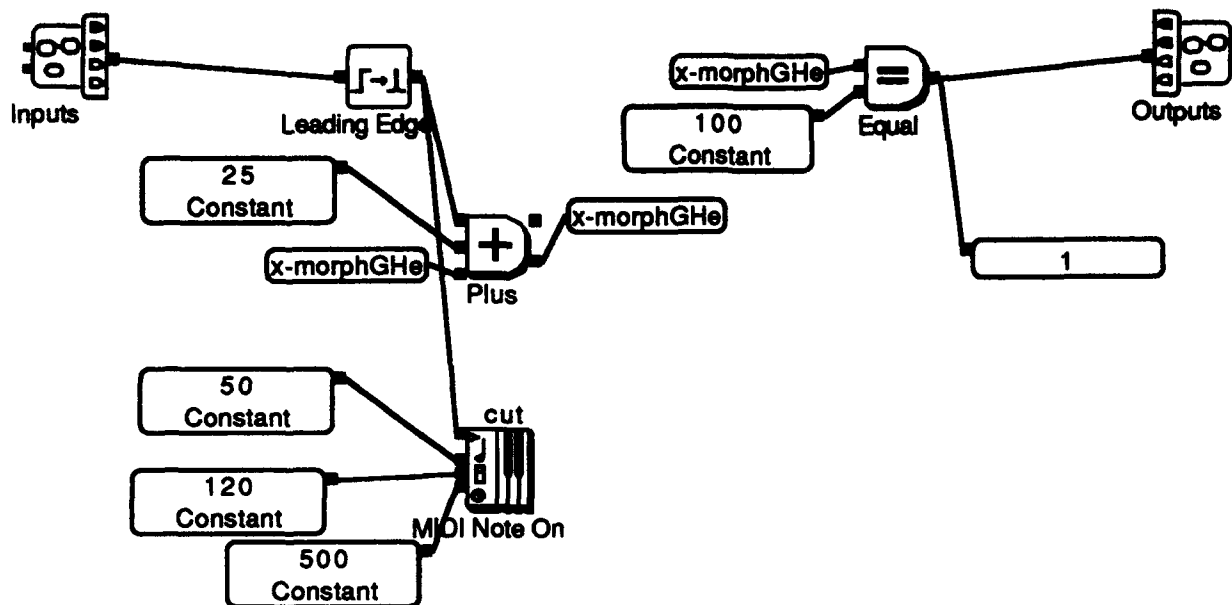




Turn the Cut tree invisible.



Turn the whole morph parent visible
(making the children but not the clips invisible)





Inputs

x-debug

Surrogate User



NestodDM



Outputs

Synopsis:

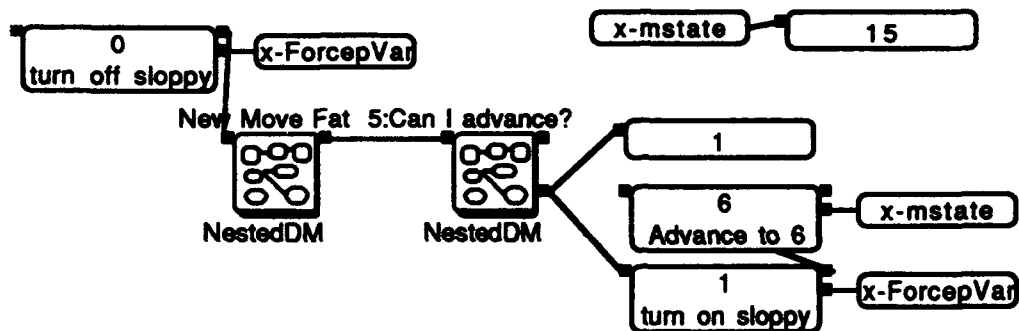
Surgeon drops scissors.

Surgeon pulls away 3 fat layers with forceps in sequence.

Requirements:

Forceps touch fat and move from X to Y, making the layer invisible.

True for all three layers.



Forcep near fatlayers



NestodDM

LeftOuterRin

0

Hand Colors



NestodDM



Inputs

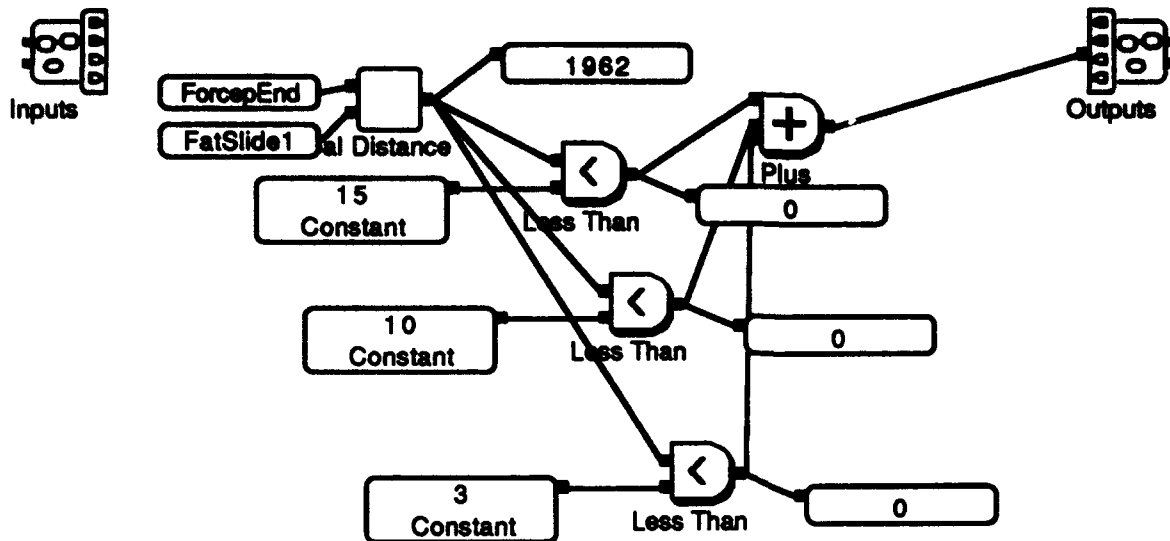
Move forceps from one hittest to the next.

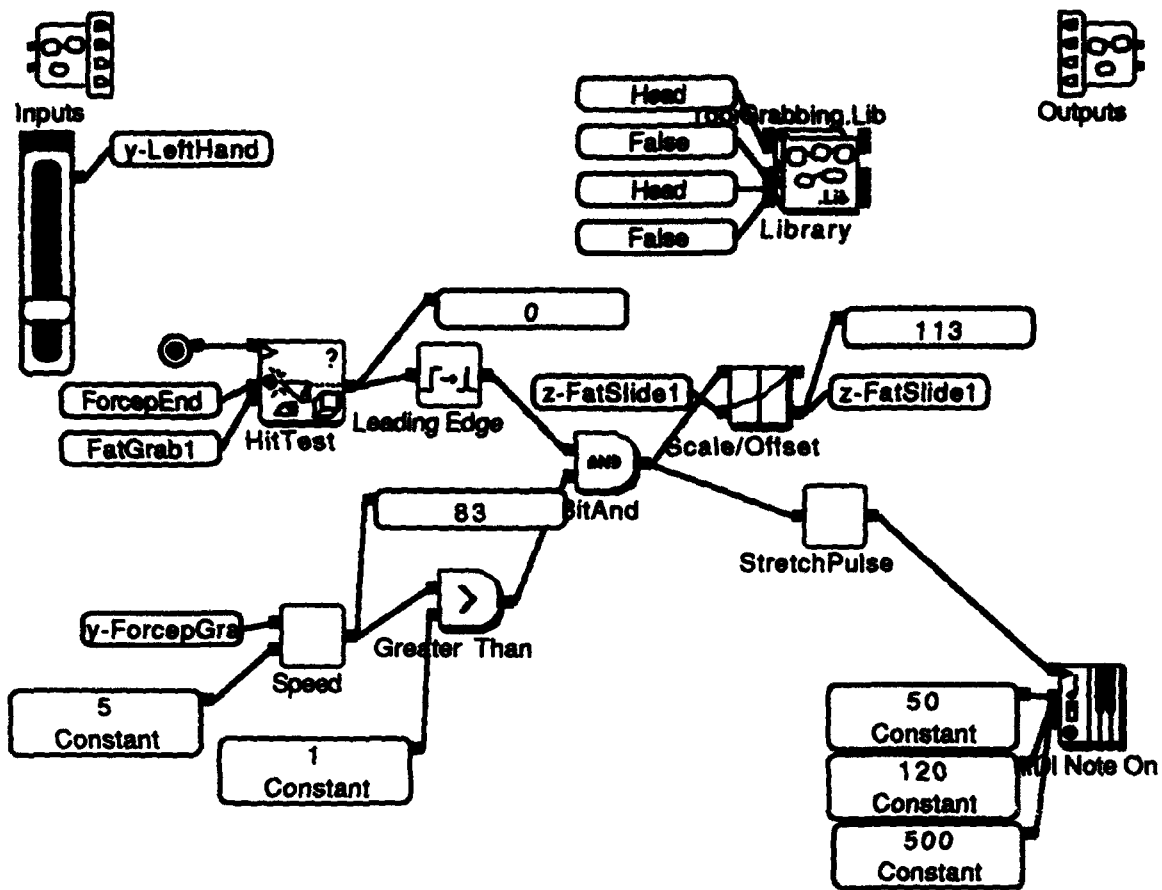


Outputs



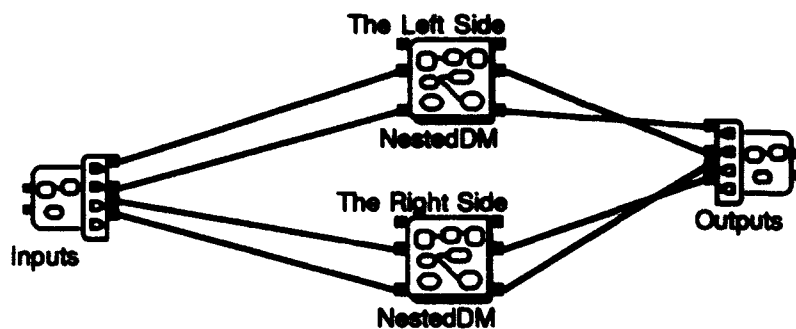
The above constants are a cheat. We should actually move the tools for debug purposes, not just jump to the end result.





Inputs

- 1 - Objects the Left tool can grab in this state
- 2 - Whether the Left tool should be able to grab right now
- 3 - Objects the Right tool can grab in this state
- 4 - Whether the Right tool should be able to grab right now

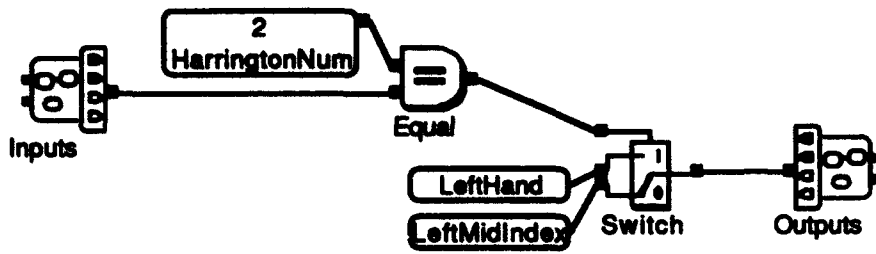


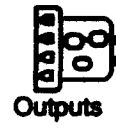
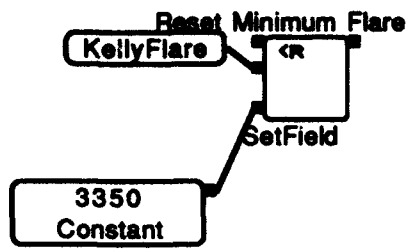
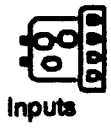
Outputs

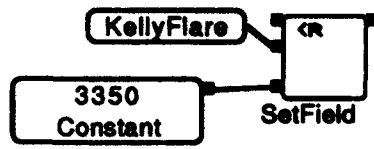
- 1- If an object is being grabbed by the left tool
- 2- What object is being grabbed by the left tool
- 3- If an object is being grabbed by the right tool
- 4- What object is being grabbed by the right tool

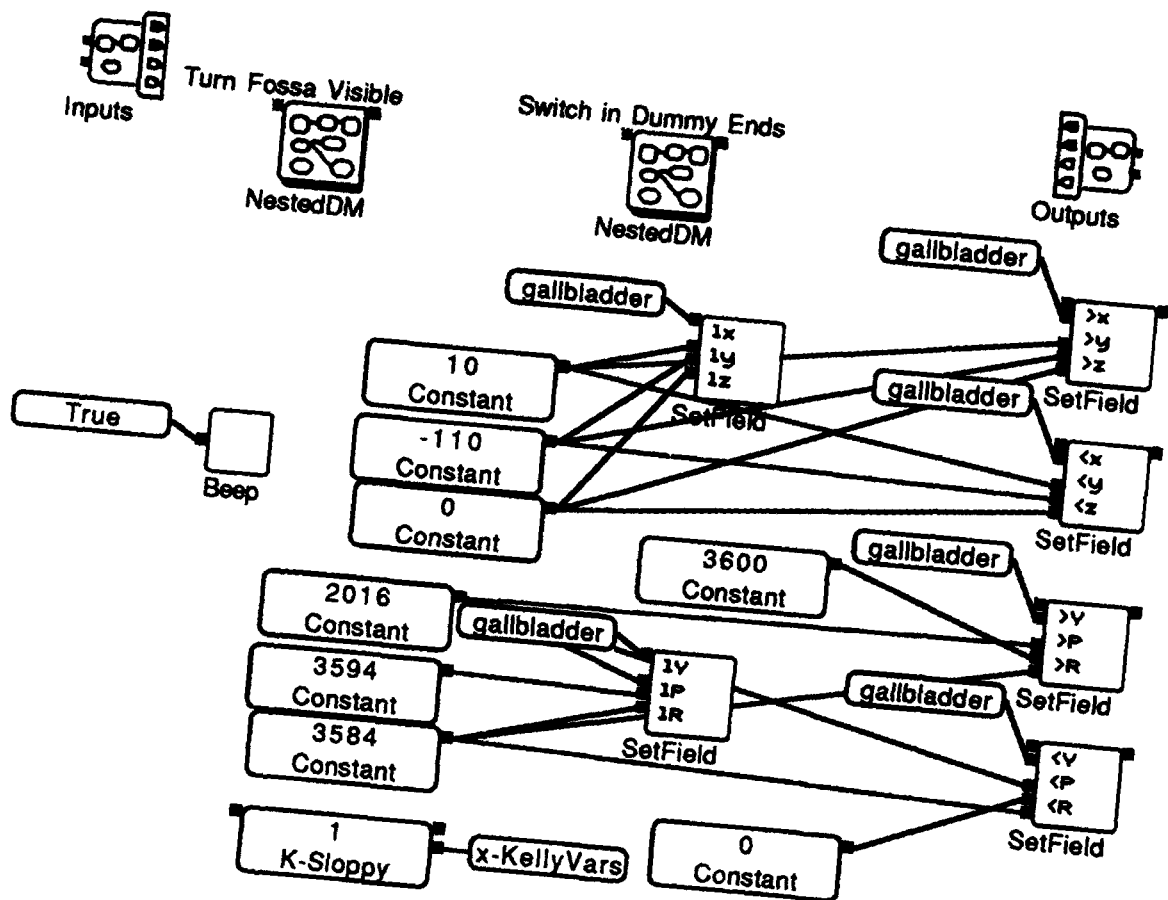
Makes the tools that are in each hand follow the index finger.





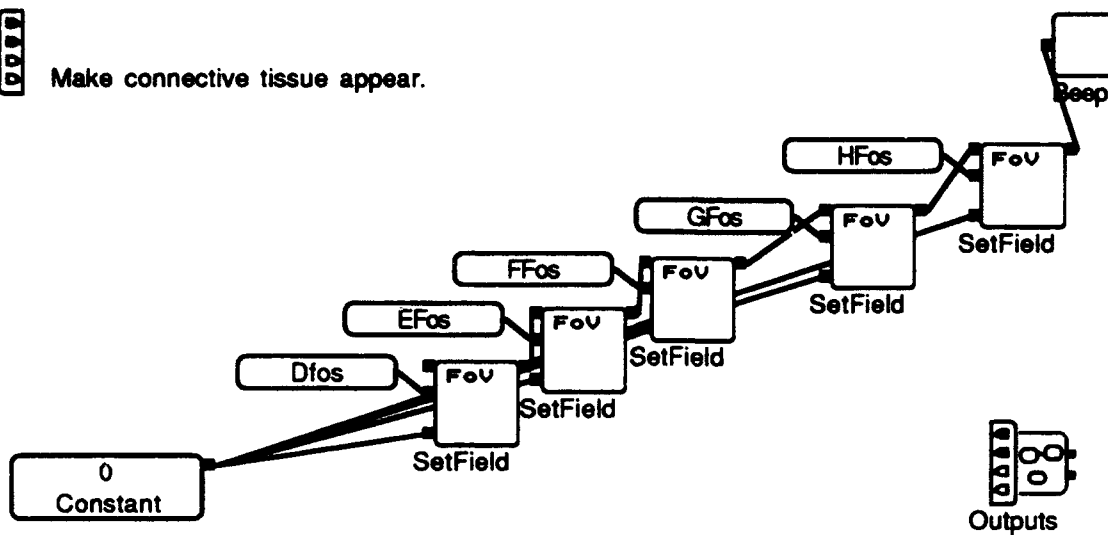








Make connective tissue appear.





Inputs

Synopsis:

Surgeon asks nurses to pull back skin, muscle, ribs.

Open Sesame



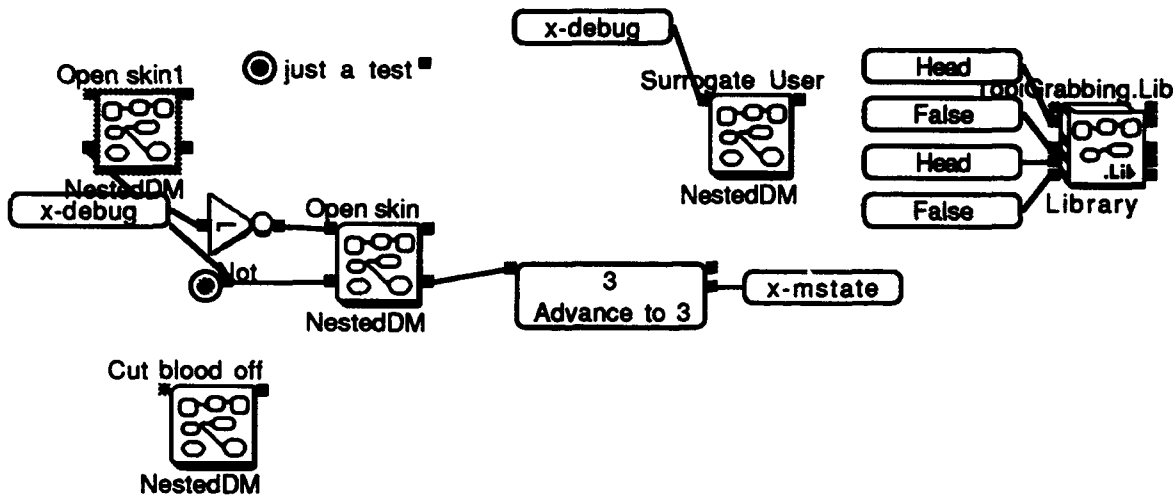
NestedDM

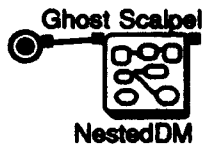
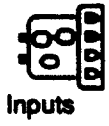
Requirements:

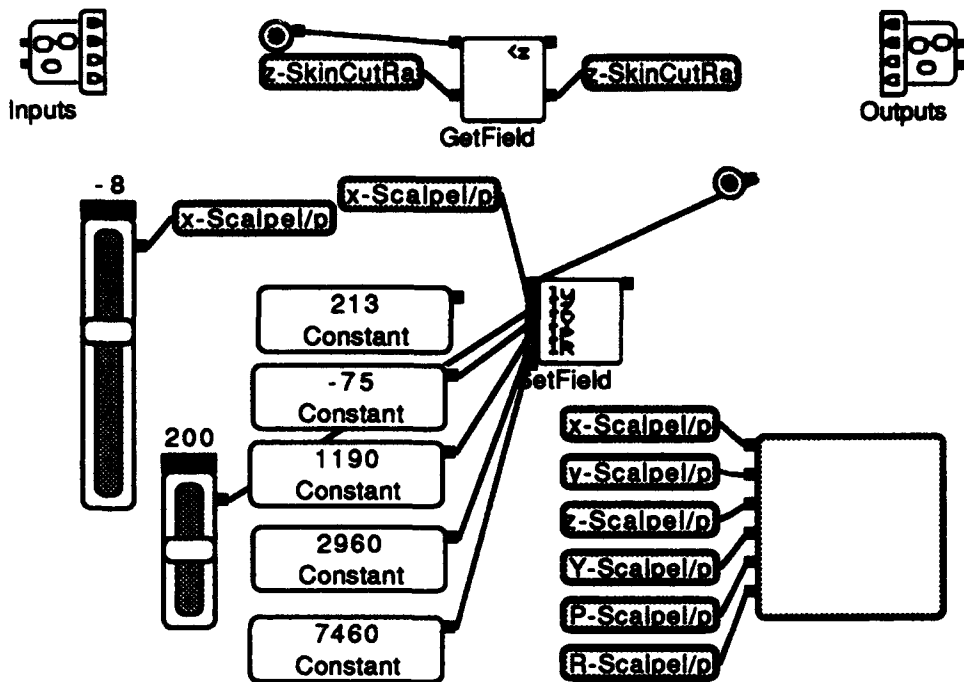
Speech command which triggers opening of abdominal wall.

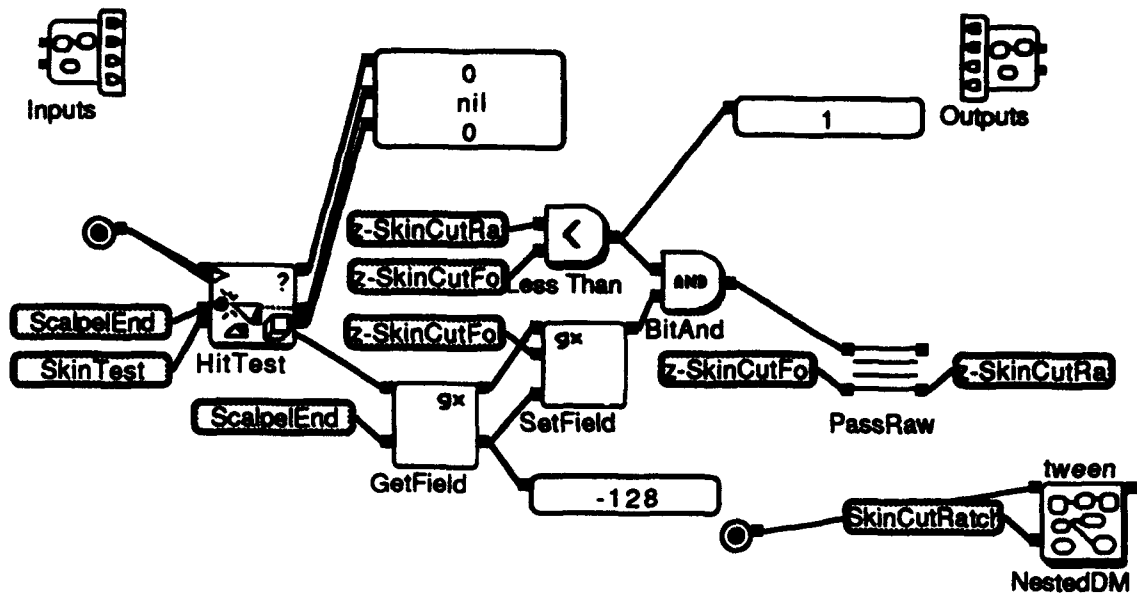


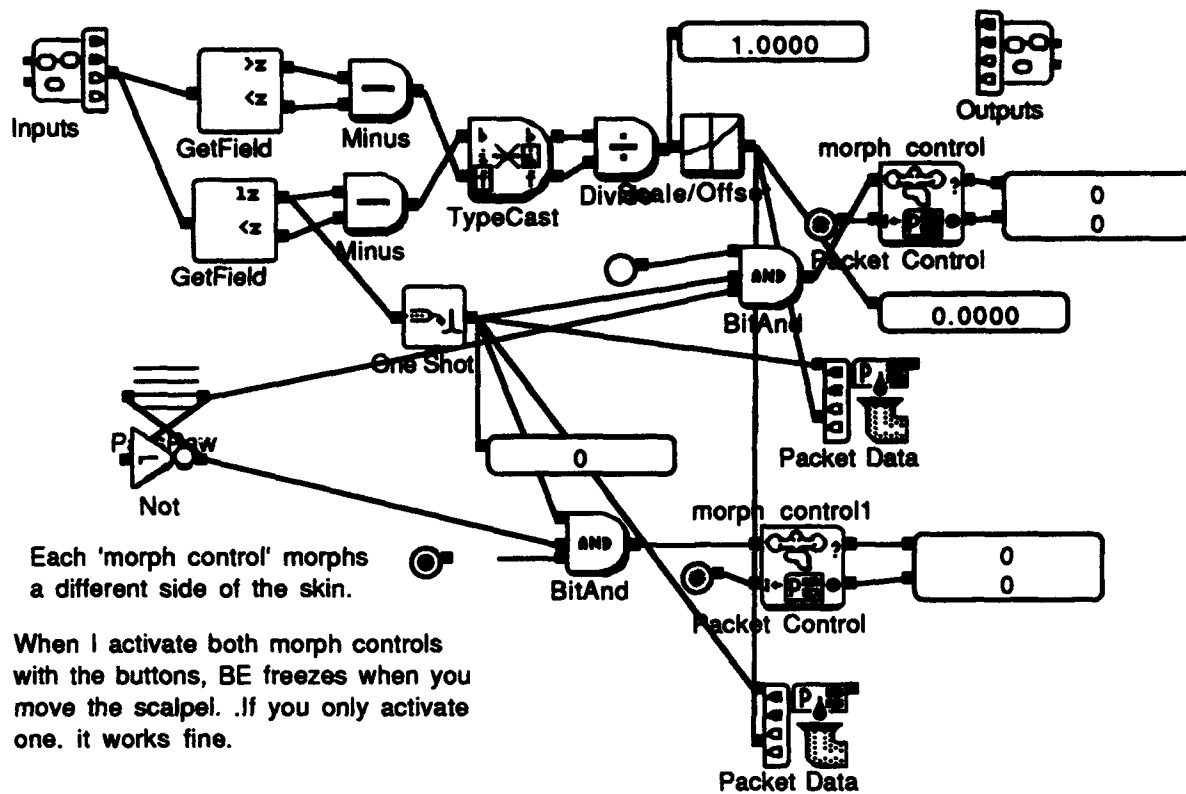
Outputs

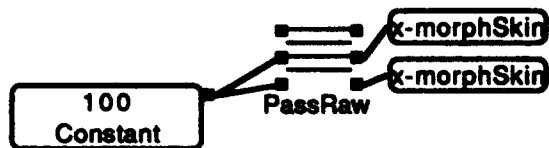








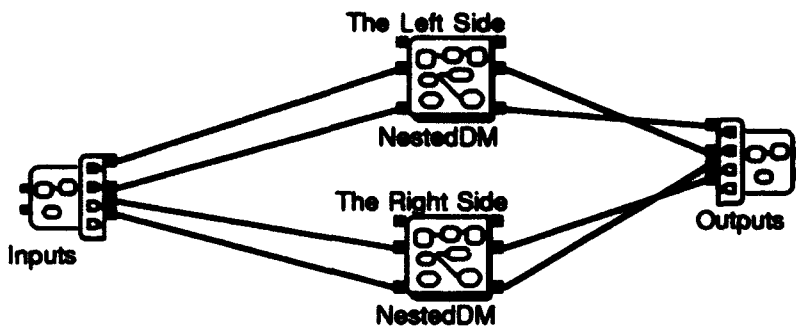




Sets the liver to the flipped-up state.

Inputs

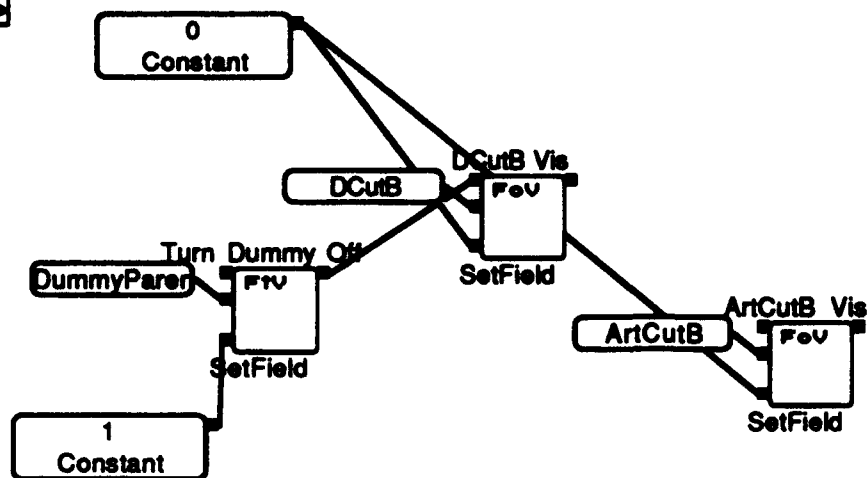
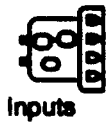
- 1 - Objects the Left tool can grab in this state
- 2 - Whether the Left tool should be able to grab right now
- 3 - Objects the Right tool can grab in this state
- 4 - Whether the Right tool should be able to grab right now

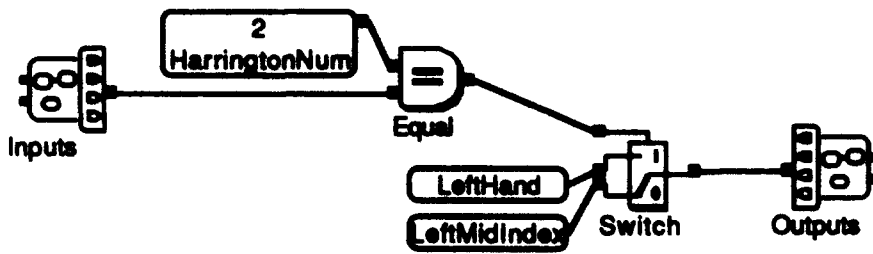


Outputs

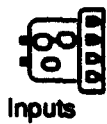
- 1- If an object is being grabbed by the left tool
- 2- What object is being grabbed by the left tool
- 3- If an object is being grabbed by the right tool
- 4- What object is being grabbed by the right tool

Makes the tools that are in each hand follow the index finger.





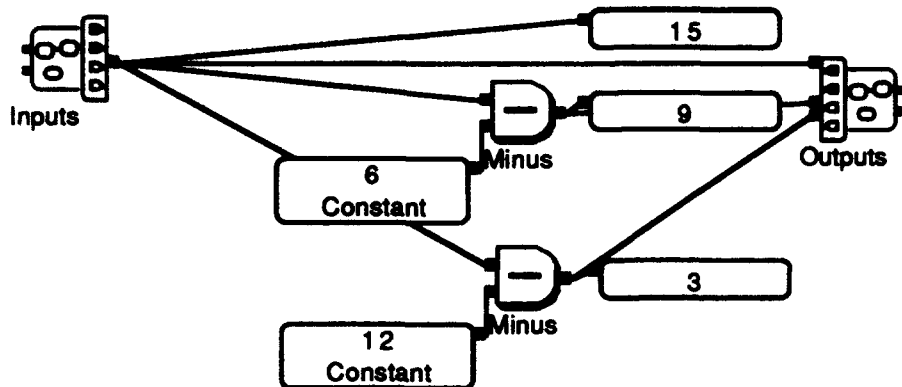


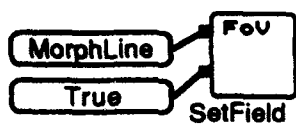


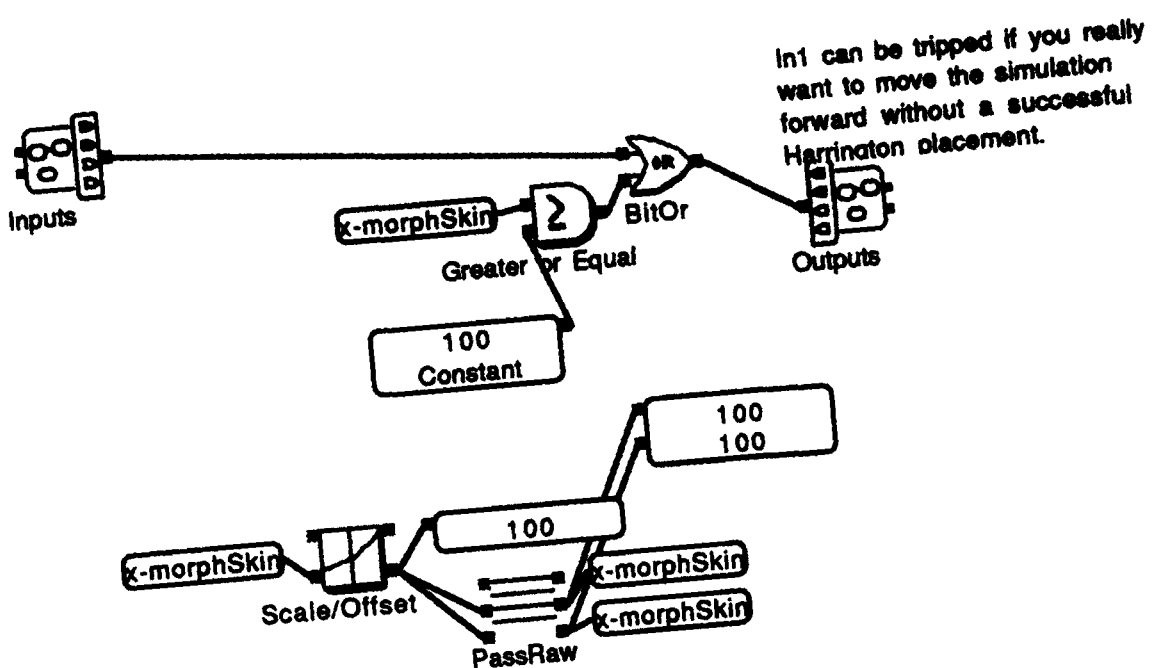


In1: Which state are you in?

Out1: Goes to first Fire one out.
Out2: Goes to second Fire one out.
Out3: Goes to third fire one out..







In1 can be tripped if you really want to move the simulation forward without a successful Harrington placement.

morph the two pieces of skin from 0 to 100 when the scalpel hits them.
This should be changed eventually to add retractors